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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1. 1	CERTIFICATE	OF	DEATH	

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Allegany			MAR	YLAND	2. USUAL RESIDE		iere decease	d lived. If institut b. COUNTY		e before o	
b. CITY OR TOWN (RURAL and give n	If outside corporate fimi	ts, write	c. LENGTH OF STAY	/ IN 1b	c. CITY OR 1	TOWN (If o	utside corpo	rate limits, write I	RURAL ond gi	ive nearest	town)
Cumber]			2mos 5 das	VS	Cumber		02				
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, g		address)		d. STREET A	March 40-1 to 50	1				RESIDENCE
Sacred He	eart Hospit	al			220 W	alnut	Place				S 🔲 NO 🔼
3. NAME OF DECEASED (Type or print)	Fir	st	Middle	e	Los	1	4. DATE OF DEATH	Moi	-1	Day	Yeor
S. SEX	Anna 6. COLOR OR RACE	7. MADD	IEDA MARR	150 🗀	Adams 8. DATE OF BIRTI	ч	1	9. AGE (In years		VEAD IE	1959 JNDER 24 HRS
Female	White	WIDOWE	Contract of the Contract of th		Dec. 31		3	lost birthdoy) 52 yrs.	1	-	ours Min.
10a. USUAL OCCUPATION during most of work Backwinde	king life, even if retired		kind of Business of		STRY 11. BIRTHPL	ACE (State	or foreign c	ountry) yland		ZEN OF W	HAT COUNTR
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				•
John Staff	ford (D	eceas	ed)		Sarah	147÷77	iama	Stafford	(Dag	ease	4)
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		0. 17. 1	INFORMANT	A 11 deded	120110	Add		ease	1)
(Yes. no. or unknown)	(If yes, give war or dates of s	ervice)		Mr.	Dernard	1 W. /	Idams	220 Wal	nut P1	lace,	Cumb.
Canditions, if a gave rise to i couse (o), stating lying cause lost.	mmediate the under OUE TO		arenn			,		mu			
3	HER SIGNIFICANT CON								EN IN PART	PI	VAS AUTOPSY ERFORMED?
O (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRIBE HOW INJURY C	CCURRE	D. (Enter noture of	Finjury in P	ort I ar Por	II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	While	Not while at work	20e. PL	ACE OF INJURY (Fectory, street, office	tome, form, bldg., efc.)	20f. (City	or town)	(Co	ounty)	(State)
21. I certify the clive on	G. Stegma:	., 19 5 J	and that	death	M.D. /22	12:20	M, fran ADDRESS (SI AU J 22_S.	reel, city or town,	state) Street	e date s	DATE SIGNI
23. FUNERAL DIRECTOR:	S SIGNATURE	mber1	ADDRESS and, Md.	2742		24a. REC'D	BY REGIST	RAR 24b. REGIS	STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	5.5	Item 9 FilmG238	8 2-6-59 et			Reg. Dist. No).
1. PLACE OF DEATH	gany	MARYLAND	2. USUAL RESIDENCE (1 CONNE	tion: Residence bei	fore admission)
b. CITY OR TOWN III	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (eorest town)
and give nearest town)	rostburg			thurs			
	AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	war	1		I. IS RESIDENCE
	Hospital		Davidso	n Sta	reet		ON A FARM?
3. NAME OF DECEASED (Type or print)	JOHN First	R. A	NDERSON	4. DATE OF DEATH	1/30/1		Yeor 19
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS
Male	White WIDO	WED TO DIVORCED	May	1884	7475 yrs.	Months Days	Hours Min.
during most of working Labore	g life, even if retired)	ь. KIND OF BUSINESS OR INDUST	Lonacon		MD•	12. CITIZEN O	A .
13. FATHER'S NAME			14. MOTHER'S MAIDEN		3	0000	229
Jan	nes Anderson		Elizabe	th Ho	baugh		
	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	NFORMANT		Address		
No	[If yes, give war or dates of service]	220-10-2715 J	ohn Anders	on	Frostb	urg. MD	
18. CAUSE OF DEAT	H [Enter only one cause per l	ine for (o), (b), and (c).]	(SON)	1	INTLE	EVAL BETWEEN T AND DEATH,
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	MILLING BUSA	Sholl 1	5/11/	100 AT	GNSE	1) hus
812X	DUE TO	1 1	11 1	1 1000	+- 7	21-	1/1/1/1
Conditions, if on		4/97/2018. ([empound	1/10	Clust 11,	TEMILX-	
gave rise to immed (a), stating the u cause last.		on boony rue	ture Rty	Thie	Shoo	1/	
PART II, OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART I(o)	PERFORMED?
PART II, OTH 20g. EXTERNAL CAU PRIMARY N or CON CAUSE OF DEATH.	SE WAS ITRIBUTING 20b. DESC	RIBE HOW INJURY OCCURRED. (E	nter noture of injury in Po	rt I or Port I	of item 18.)		
3 20c. TIME OF INJUR	Y Month, Day, Year 20	Dd. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fare	n, 20f. (Cit	y or town)	(County)	(State)
Hour asm.		/hile Not while facts	pry, street, office bldg, etc	1	incth,	11/10	Mary 7/11
		e remoins described abo	ve held on Auton	V	Inspection A	Inquiry X	70119 1110
	resulted fram: Natura	manufacture. Figure		Hamicide		rmined manne	, 6nd in my er □
ACTUAL SIGNATURE	00. Mc	Lune	_M.D. CHIEF MEDICAL E	No.		4931	DATE SIGNED
EXAMINER'S NAME (Type)	NO MICH	ane mad	CAS DEPUTY MEDICAL		-	1959	
220. BURIAL, CREMATION	4 4	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC/	ATION (City, town, o	or county)	(Stote)
Burial"	2/2/1959		emetery	Lor	aconing	, MD.	
23. FUNERAL DIRECTOR"		ADDRESS TONIACIONITATO	TT.	D BY REGIS	0	TRAR'S SIGNATUR	
GEORGE	EICHHORN	LONACONING, 1	MD. DATE	B 2 '5	Con	nul S. France	4

A THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE COMPANY OF THE MFA10 TO TRADITION FRIENMANT LADICENA Constitution (Constitution) and first 1 to 1981 A THE COMPANY OF THE PARTY OF T - Ne - 71 John Anderson (boastbrung, 113. Electrical letter repeated and entering all recommendation of the second s

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2 CERTIFICATE OF DEATH

Reg.	Dies	At-
REG.	DIM.	INO.

1. PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Oumberland 10 Yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 309 Fayette St.	d. STREET ADDRESS ON A FARM? YES NO STEET NO STE
3. NAME OF DECEASED (Type or print) Harmon Brown Ar	nold 4. DATE Month Day Year OF DEATH Jan. 20 19 50
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 75 yrs.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator Textile Plant	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Barton. Md. 11.8.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dominick Arnold	Ellen Michael
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	Mr. John McPartland-Barton, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Reclusion Interval Between ONSET AND DEATH of Mours
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. OUE TO ANY MARKET TO (b) ANY MARKET TO (c)	blant disease
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while for work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from January alive an 1973, and that death	7
ACTUAL SIGNATURE COLISCIBLES ASTRONG	ADDRESS (Street, city or lown, stote) ### ADDRESS (Street, city or lown, stote) ###################################
PHYSICIAN'S E. G. BRIN 65	55 green H. Cumberland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF St. Gabriels	(5,010)
23. FUNERAL DIRECTOR'S SHONATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Md. DATE AN 2 6 59 Crithy & Heaville
wes der inporte,	Muse Three

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VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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3 CERTIFICATE OF DEATH

Reg.	Diet	No
Reg.	DIST.	140.

1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CUMBERLAND 43 DAYS	X LA VALE
d. NAME OF HOSPITALINE MORPINITY SHE! SHOWED INTERIOR NET HOLD WE WARWICK AVES.,	JU. STREET ADDRESS 1063 NATIONAL HIGHWAY e. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) JAMES CLAYTON	BANE DEATH January 11 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTHQ /5/1880 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	XXXXXXX To yrs. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Retired Carpenter Western Maryl	
HOLLAND BANE Railroad	14. MOTHER'S MAIDEN NAME
	REBECGA LOAR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 1063 Metional Highway
no	rs. J. Clayton BaneLa Vale, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Dosethalman is dur.
DUE TO	
Conditions, if ony, which) (b) Carcing	ma of Paratrice 16 min
gove rise to immediate cause (o), stating the under-	
lying cause last. (c)	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
LA D	PERFORMED? YES NO []
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part 1 or Part II of item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. P While Not while of work of work of work	octory, street, office bldg., etc.)
21. I certify that I attended the deceased from 9/1	117, 1938, ta 11 form, 1959, that I last saw the deceased
	h accurred at 10:55AM, fram the causes and an the date stated abave.
	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE James & Stegmann	M.D. 132 So Centre St, Commentered port
PHYSICIAN'S NAME (Type) JAMES G. STEGMALER	12 hers?
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	Burial Park Cumberland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John S. Hafer, Cumberland, Maryla	DATE JAN 1 5 59 Chilly S. Mans.

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Michigan Land Company	THE TENNES OF THE PERSON OF TH		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARY! AND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) and give nearest town) CUMBERLAND CUMBERLAND 2 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d' STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 610 HILL TOP DRIVE WARWICK & MEMORIAL AVENUES NAME OF First Middle 4. DATE Year DECEASED (Type or print) 19 59 CALVIN BASHER DEATH January 16 5. SEX 6. COLOR OR RACE 7. MARRIED TX NEVER MARRIED TT B. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours | Min. MALE WHITE WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
during most of working life, even if retired)
Heater-Rolling Mill Railroad

PFNNSY! VANIA . ##S 12. CITIZEN OF WHAT COUNTRY? . ##Sharon U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHRISTOPHER BASHER CATHERINE ERNST 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, er unknown) MEMORIAL HOSPITAL - CUMBERLAND. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Cardiac Failure l hr. DUE TO Coronary Sclerosis with Occlusion Conditions, if ony, which ! gove rise to immediate couse **DUE TO** and Cardiac Hypertrophy. Marked (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? Fracture of Left Hip YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Fell at home in his bedroom 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) White Not while at work factory, street, affice bldg., etc.) Cumberland, Alleg. Md. Home 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry XI, opinian death resulted fram: Natural causes 🔀 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE A ASSISTANT MEDICAL EXAMINER EXAMINER'S Benedict Skitarelic, Md D. NAME (Type) DEPUTY MEDICAL EXAMINER Jan. 16, 1959 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or county) Burial Mary Cem. Cumberland, Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE AN 2 0 '59 Scarpel Cumberland, Md. James Chilun S. Maus

VS. A15ME 5M 2/57

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VS A15 (4) 1SM 10/S7

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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5 CERTIFICATE OF DEATH

		U	U	U	1
Reg.	Dist.	No.			

1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where deced			ence befor	e odmiss	ion)
A 100 1	legany		MARYL	AND		rland	B. COUN	a	12.24	are	stous
b. CITY OR TOWN RURAL and give	(If autside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN	(If outside car	parate limits, write	RURAL and	d give nea	rest town	1)
			lı days		Hancock			2/X	-2		J
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	address)		d. STREET ADDRES	5					
		tal			Box 237						
3. NAME OF DECEASED	Fir	te	Middle		Last	4. DATE	N	onth	Day		
(Type or print)	Ha	ttie			Bennett	DEAT	н Ја	nuary	6,		1959
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	D 🔲 8	DATE OF BIRTH		9. AGE (In year	IF UND	-		R 24 HRS.
Female	Allegany MARYLAND O. STATE Maryland D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland Lidays Lidays Hancock A. STREET ADDRESS BOX 237 NAME OF DEATH January DECEASED Type or print) EX C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hancock A. STREET ADDRESS BOX 237 AMMED OF DEATH January Month Day Yeor OR INSTITUTION Sacred Heart Hoppital Month Day Yeor OR AFAM? YES NO WA NAME OF DEATH January Month Day Yeor John Town (If outside corporate limits, write RURAL and give nearest lown) Hancock A. STREET ADDRESS BOX 237 AMMED OF DEATH January Month January Month Day Yeor John Month Day Yeor John Month January Month Day Hattie Bennett Peath January Month January Month Day Yeor John Month January Month January Month Day House Month January Month Day House Month January Month Day House Month John Month Day House Month Day House Month John Month										
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR	NDUS	TRY 11. BIRTHPLACE (S	tote ar foreign	country)	12. (TIZEN O	F WHAT	COUNTRY?
		'			Marya]	Lid			U.S.A		
13. FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME					
	Micha	RY	•owning		Corr	nelius	Wilson				
	ER IN U. S. ARMED FOR	CES? 16.		17. IN		102240		ddress			
[Yes no, or unknown]	(If yes, give wor or dates of s	ervice)	None		Hughar	nd- Pt.1	e chart.	TIO		- 254	
	Ama fe				nusvai	10-10	5 Charos	Hai		-	
		use per III	ne for (o), (b), and (c).]		1-4.	79197	1	D.			
	IMMEDIATE CAUSE (a	Cu7	rice VVy	He	arrellywo	elli lo	onful	dio	1 (6	cel.	Moul
4adia	DUE TO						1				
)	V								
)									
PART II. O'	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TE	ERMINAL DISE	ASE CONDITION (IVEN IN PA	ART 1(o) 19	WAS /	AUTOPSY
PART II. O'											
	AS UNDERLYING	20b. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury	in Port I or P	ort II of item 18.)			123	NO LAP
U (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)										
		or 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY IHome,	farm, 20f. (C	ity or town)		(County)		(Stole)
Hour a.m.	10			foct	ory, street, office bldg.,	etc.)					
					45	1-1		9			-
	hat I affended the	deceas	1/1								
alive an	1-16-	, 12	27, and That a	death	accurred at / C				the dat		
	7()	0			. ,	ADDRESS	(Street, city or tow	n, state)	1.	DA	TE SIGNED
SIGNATURE	7, 1, 0	true	e au	N	1.0. 1691	elul	I Une	best	hound	Ma	1-6
BHACICIANIS /			151		(1						
NAME (Type)											
220. BURIAL, CREMATI		F	22c. NAME OF CEMET	TERY OR	CREMATORY	22d. LOC	ATION (City, town	, or county)	(Stote	e)
Burial	1.9.50		odd Fello	w.s	Cemetan	र स्रीतं र	tetono	A77-	~~~	7/1/2	
23. FUNERAL DIRECTO		- 1-1	ADDRESS				STRAR 24b. RE	GISTRAR'S	GNATUR	E W.C	•
Har	0 × 4.	0 1	to 1	7	DATE	TRAL 1	150	7 71	02		
Harris	- Freeze	/	jungal	P	DATE	VAN	73	circling	A. Mrs	116	

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death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VS A1S (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

87

CERTIFICATE OF DEATH

Reg. Dist. No.

	Allegany CITY OF TOWN Iff outside corporate limits, write RURAL ond give recreat lown) Plintstone CITY OF TOWN Iff outside corporate limits, write RURAL ond give recreat lown) Plintstone CREATION Residence Maryland CITY OF TOWN Iff outside corporate limits, write RURAL ond give recreat lown) CREATION Residence A. Bennett	ion)				
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Flintstone	9 years	X Flintst		URAL and give nearest law	
	OR INSTITUTION Residence	address)	d. STREET ADDRESS		ONA	FARM?
3.	DECEASED			Or III	20	50
	b. CITY OR TOWN If outside corporate limits, write b. C. LENGTH OF STAY IN 16 DUNA OF OUT OR TOWN If outside corporate limits, write august of the state of the s					
10	o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)					COUNTRY
13		ett		_		
	D. CITY OR TOWN III dubids corporate limit, write purpose the property of the					
b. COUNTY Allegany b. COUNTY Allegany c. CENGTH OF STAY IN 1b BURA od give recersi limit, write BURA od give recersi limit, write SUPA od give recersi limit, write Plintstone d. STREET ADDRESS Plintstone G. STREET ADDRESS Residence J. NAME OF ON INSTITUTION J. NAME OF ON INSTITUTION J. NAME OF ON INSTITUTION J. RESIDENCE J. RESIDENC				DEATH		
B. CITY OR TOWN [If educing compared limits, write a c. LENGTH OF STAY IN 18 C	RMED?					
D. COUNTY Allegany B. CITY OR TOWN III outside corporate limits, write CLENGTH OF STAY IN 15 CLITY OR TOWN III outside corporate limits, write CLENGTH OF STAY IN 15 CLITY OR TOWN III outside corporate limits, write Plintstone J. NAME OF HOSPIAL (If he in in hospial). give street oddress) OR INSTITUTION Residence J. NAME OF HOSPIAL (If he in in hospial). give street oddress) J. NAME OF HOSPIAL (If he in in hospial). give street oddress) J. NAME OF HOSPIAL (If he in in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress) J. NAME OF HOSPIAL (If he in hospial). give street oddress street oddress. give	(State)					
De COUNTY COUNTY Allegany COUNTY Allegany De County DE COUNTY	ed above					
L	REMOVAL (Specify) Burial 1/22/59 FUNERAL DIRECTOR'S SIGNATURE	Second S				

BY JOHN STATE CHARTNEY OF HEATH-EATH COMPANY MANUAL CERTIFICATE OF DEATH The state of the s A Company of the Comp and tyres and sense of the sense of the sense of are reviewed, remove depotent various and are less than a less than the brialwink , the level of the union

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

	O CERTIFICA	AIL OI DEATH		Reg. Dist. No.	
PLACE OF DEATH O. COUNTY ALLEGANY	County C				
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CUMBERLAND				URAL ond give nea	rest town)
d. NAME OF HOSPITAL (If not in haspital, give street		d. STREET ADDRESS			ON A FARM?
DECEASED	a design	30			
MALE MUITE	RIED T NEVER MARRIED		last birthday)		
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	DUNTY ALLEGANY TO OR TOWN (If outside corporate limits, write RAL and give nearest town) CUMBERLAND L2 DAYS MAR OF HOSPITAL (If not in hospital, give street address) MEDITAL E OF FIRST MICHIED OR PITAL E OF FIRST MICHIED OR PITAL OCCUPATION (Give kind of work dane lang, most of working life, even if retired) EER'S NAME EWIS BERKLEY DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dates of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CONTRIBUTING (Augusting life, even if retired) ACCIDENT WAS UNDERLYING (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTORS, and that dead work in littler, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work in littler, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work in littler, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work in littler, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work in littler, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from 19 of work in littler, Notify that I attended the deceased from		n country)		
1. PLACE OF PRATH					
2. USHAE REDUNCE ("Where deceased lived. If institution. Residence before administration of STAT IN 15 D. CITY OF TOWN (If outside corporate limits, write LENGTH OF STAT IN 15 D. CITY OF TOWN (If outside corporate limits, write LENGTH OF STAT IN 15 D. CITY OF TOWN If outside corporate limits, write RURAL ond give necessary D. CITY OF TOWN If outside corporate limits, write RURAL ond give necessary D. CITY OF TOWN If outside corporate limits, write RURAL ond give necessary D. CITY OF TOWN If outside corporate limits, write RURAL ond give necessary D. CITY OF TOWN If outside corporate limits, write RURAL ond give necessary D. CITY OF TOWN If outside corporate limits, write RURAL ond give necessary D. CITY OF TOWN If outside corporate limits, write RURAL ond give necessary D. CITY OF TOWN IF OUTSIDE D. CITY	L AVE.				
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (c)	Cerebra Totalva Deries V	Lemonth Lecel Cerebra Little	el atterio, et rope	Allera	Say
D. COUNTY ALLEGANY ALLEGANY b. CITY OR TOWN (If autside corporate limits, write RUBAL and give nearest town) CUMBERLAND d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION HOSPITAL NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NAME OF HOSPITAL (If not in haspital, give street address) OR USUAL OCCUPATION (Give kind of work dane Tob. KIND OF BUSINESS OF AUTORITY NOT AUTORITY (If yet, give wor or date of terrice) OR INSTITUTION NAME OF DEATH [Enter only one cause per line fact of), (b), and (c) PART 1. DEATH WAS CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE CONTRIBUTING OF DEATH (FIFTHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OF DEATH (FIFTHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the deceased from for work of the divork of two work of the work of two work of the work of two work o				EN IN PART 1(o)	PERFORMED?
D. CLIVER TOWN (If outside corporate limit, write c. LENGTH OF STAY IN 16 b. CLIVER TOWN (If outside corporate limit, write c. LENGTH OF STAY IN 16 b. CLIVER TOWN (If outside corporate limit, write c. LENGTH OF STAY IN 16 b. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary town) C. CLIVER TOWN (If outside corporate limit, write c. LENGTH OF STAY IN 16 b. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary town) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary town) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary town) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary town) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary town) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary town) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL and give necessary) C. CLIVER TOWN (If outside corporate limit, write BURAL And give necessary) C. CLIVER TOWN (If ou	(State)				
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH

0	Dist.	Ma
Reg.	DIST.	PEG.

		0.4				Reg. Dist. No.
1. P	ACE OF DEATH			2. USUAL RESIDENCE (Who		on: Residence before admission)
0	Allega	inv	MARYLAND	o. STATE Marvla	nd b. COUNTY	llegany
b	CITY OR TOWN (If outside corpore RURAL and give nearest town)	ote limits, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside corporote limits, write RL	
	Frostburg		2 Weeks	Lonaco	ning	
d	NAME OF HOSPITAL (If not in hos	spital, give street addres		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Y1	ospital		Jackson	Street	YES NO S
	AME OF ECEASED	First	Middle	Lost	4. DATE Mont	th Day Year
	ype or print)	MARY	E.	BERRY	DEATH Jan.	21st. 195919
S. SI	6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
	Female Whi	te WIDOWEDS	DIVORCED	1/19/1872	87 yrs.	Months Days Hours Min.
10a.	USUAL OCCUPATION (Give kind o during most of working life, even if	f work done 10b. KIND	OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housework	Own Home		Rawlin	gs. MD.	U.S.A.
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	Daniel D	e Vault		Rebecc	a Noel	mes di kana
	VAS DECEASED EVER IN U. S. ARMI no. or unknown) [(If yes, give wor or		AL SECURITY NO. 17.	INFORMANT	Addr	ress
	NO		None J	James Berry	Lonaconin	g. Md.
	B. CAUSE OF DEATH [Enter only	one cause per line for	(o), (b), ond (c).]	"Son"		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSE IMMEDIATE CA	ED BY: AUSE (o)	prono	Veclus	non	ONSET AND DEATH
	1 1 7 7 7	DUE TO	1.			4
	Conditions, if ony, which)	(b) (d)	leursch	unsis		YORAN
	gove rise to immediate couse (a), stating the under-	DUE TO	- 0	1 5 1	1 1 (>	
	lying couse lost.	(c) Ch	unic Co	noes wel	react Jalle	url years
NO.	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTR	BUTING TO DEATH BUT	NOT PELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	
E\						PERFORMED? YES NO
MEDICAL CERTIFICATION	ROG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)	7
CER	IF EITHER, NOTIFY MEDICAL EXAM	NINER)				
3		ay, Year 20d. INJURY		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stole)
MED	Hour o. m. p. m.		Not white	ctory, street, office bldg., etc.)	
	21. I certify that I attende	d the decored fr	- Tilu	, 1956, to	an. 1959	(4)
	alive on 2	1059				L,that I last saw the deceased
	A STATE OF THE STA	, , ,	and that death		ADDRESS (Street, city or town,	and an the date stated above.
	ACTUAL TO A O	(2) Mi	0. 1	Vn.	sin st	1.23.59
	GIGNATURE SECUL	7 97 . 1000	~ ()	.M.D		
	PHYSICIAN'S LES LE	R- MI	LES UR.		Torracone	no Md
	BURIAL, CREMATION, 22b. DATE	THEREOF 22c.	NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, o	or county) (Stote)
	REMOVAL (Specify) Burial 1/2	25/1959 0	ak Hill (Cemeterv	Lonaconing	. MD.
23. F	UNERAL DIRECTOR'S SIGNATURE		ADDRESS			TRAR'S SIGNATURE
	GEORGE EIC	HHORN	LONACONIN	IG. MD. DATEJAN	26'59 Cri	hur S. Frankle

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		80	CERTIFIC	CAIE OF	DEATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Allega	ny	MARYLAN	II O STATE			lived. If institution b. COUNTY			nission)
RURAL ond give o	recorest town)		life	b c. CITY OR			ote limits, write RU	RAL ond give	nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street oddre	ss)	d. STREET	ADDRESS			TET 1	ON	A FARM?
3. NAME OF DECEASED (Type or print)	JOHN Fir		Middle HENRY	BOLIN		4. DATE OF DEATH	Jan.	1	Doy	Year 19 59
s. sex male	6. COLOR OR RACE white	WIDOWED [DIVORCED [March	4,]	1889	lost birthdoy)			
"Buring most of wor	king lite, even it refired						untry)			
		creally cocu	N CECURITY NO. 112							
(Yes, no, or unknown)					nna E	Bolin			g, l	Md. Ri
PART I. DEA / 5 / X Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO DOINY, which immediate the under- (c) (c)		Carcin	meta	of St tasi	ones	coh		i y	ID DEATH
b. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporote limits, write RURAL and supported town)										
20c. TIME OF INJUR Hour o. m. p. m.		While I	Not while_	PLACE OF INJURY foctory, street, office	(Home, form, e bldg., etc.)	20f. (City	or town)	(Cour	ity)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S	John 5	B.	Pavis	M.D	7 B	M, fram DDRESS (Str	the causes an	d an the	date sta	ited abave
Burial Specify)	1-8-1959	Sı	unset Men			22d. LOCATI	ON (City, town, or	county)		ote)
						BY REGISTR	AR 24b. REGIST	RAR'S SIGNA	TURE	

DATEJAN 8

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Clathan S. Kraus

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ARYLAND STA	TE DEPARTMENT	OF HEALTH-BALTIMORE	, 18
68 ^{tem 1}	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mar		nstitution: Residence	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg	c. LENGTH OF STAY IN 16		outside corporate limits.	write RURAL ond giv	e nearest town)
0	d. NAME OF HOSPITAL (If not in hospitol, give street of INSTITUTION 48 Broadway (Own home)	oddress)	d. STREET ADDRESS 48 B	roadway		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Annie	Middle	Bruner	4. DATE OF DEATH Jan	Month	Ooy Yeor 6th. 19 59
	Female White WIDOWE	D DIVORCED	8. DATE OF BIRTH Sept. 9th, 1	871 9. AGE (In	years IF UNDER 1	YEAR IF UNDER 24 HRS. Dys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housekeeper 13. FATHER'S NAME	wn housework	Maryla	nd		USA
	Joseph Bruner		14. MOTHER'S MAIDEN	et Kirby		
		SOCIAL SECURITY NO. 17. II	NFORMANT	CO HIID	Address	
4	(If yes, give wor or dates or service)	иія	s Ella Bru	mer.48 Br	oadway.F	bg.Md.
2	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C	diovas cul				INTERVAL BETWEEN ONSE AND DEATH ONSE
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED				
	20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 of work	Not while too	ACE OF INJURY (Home, for tory, street, office bldg., et	m, i 20f. (City or town)	(Cou	inty) (Stote)
1	21. I certify that I attended the decease alive on	7, and that death	OR	M, fram the cau	ises and an the	date stated above. DATE SIGNED 1.1/28/59
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City,	town, or county)	(Stote)
	Buria1 1-29-59	St.Michael'			rg,	Md.
	Joseph R. Durst. Fro	ADDRESS			REGISTRAR'S SIGN	
	ooseph A. Durst, Fre	ostburg. Md.	AGINO	N 2 9 '59	Cathung & H	lau A

The Commission of the Commissi	AND AND HOLD	相比DIATEOTIAN ON	Alyanas
	HITASONO S	TADE THE	
	County I		
	Tropic Co	. 27; 17	andrer.
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH

Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY A 7	legany	MARYLAND	o. STATE	rvlan	_	b. COUNTY	Residence	before admissio	en)
	b. CITY OR TOWN (If outside RURAL and give nearest to	corporate limits, write	c. LENGTH OF STAY IN 16				te limits, write RUI		e nearest town)	
		MD.		× 影響館	***	white W	oodland	. R.	F.D.	
	d. NAME OF HOSPITAL (If no OR INSTITUTION	t in hospital, give street	address)				Frostbu		e. IS RESID ON A F	ENCE ARM?
	Braddo	ck Road							YES 🗌	NO 🕠
3	NAME OF DECEASED	First	Middle	lo	st	4. DATE OF	Month		Day Ye	ear
	(Type or print)	JANET	DUNN	BUSI	KTRK	DEATH	1/21/1	959	19	9
5	SEX 6. COL	OR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRT		9	AGE (In years		EAR IF UNDER	24 HRS.
1	Female	Whitewood		10/23	/1880		last birthday) 78 yrs.	Months Do	Dys Hours	Min.
1	o. USUAL OCCUPATION (Give during most of working life,	kind of work done 10b		STRY 11. BIRTHP	LACE (State	or foreign cou	intry)	12. CITIZI	EN OF WHAT	OUNTRY?
	Housework	A 111	ome	La	rk Hi	11. S	cotland	U.S	.A.	
13	S. FATHER'S NAME			14. MOTHER'S			COULAIN			
	Natha	niel Dunn		J.	anet.	Neils	on			
1	. WAS DECEASED EVER IN U.		SOCIAL SECURITY NO. 17.	INFORMANT			Addre	\$\$		
	NO	war or dates or territer	None F	RANK BI	ISKTR	K K	LONDYKE	MD		
F	18. CAUSE OF DEATH [Ent	er only one cause per lin		0	JOIL LIL	11.9	LOHULKE		INTERVAL BETY	WEEN
	PART I. DEATH WAS	CAUSED BY:	to me	Ti hon	7 1	Pren	- ^		ONSET AND	EATH
Т	420,0 IMMEDI	ATE CAUSE (o)	rui dun	m ver	u	y Mes	20-		1 gas	
		DUE TO	0 1	-	0	1			211	
	Conditions, if ony, while gove rise to immedia		undiffed to	uluos	lies	one			Lyce	15
	couse (o), stating the unde							1000		
	lying couse lost.) (c)								
, 2	PART II. OTHER SIGN	IIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART I	(o) 19. WAS AL	JTOPSY MED?
1									YES 🗌	
CEPTIEICATION	200. ACCIDENT WAS UNDE	SE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature o	of injury in P	art I or Port I	l of item 18.)			
1										
MEDICAL	20c. TIME OF INJURY Mont			ACE OF INJURY office	Home, form,	20f. (City o	or town)	(Cou	unty)	(State)
ME	p. m.	19 While at worl		ciory, sireer, onic	e blog., etc.	1				
	21. I certify that I at	tended the decease	ed from 1-3-	- 19 55	, ta	1-2	1- 10 37	that I las	st sow the d	locograd
	alive an /-	16- 10	7, and that death		-/	M from				
	dive di	2 14 -	7-,-, and mar dean	decorred di		_JVI, ITOIII	the causes an	a an me		E SIGNED
	ACTUAL	Bar		-	7620	E-1-11	-1	oie)	12	2 - 17
	SIGNATURE	1 grows		M.D	1000	- E/V	60/1		1-6	2-37
	PHYSICIAN'S NAME (Type)	EWIS 1	BRINGS			Cum	hule	nd	Med	
27	o. BURIAL, CREMATION, 22b.	DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY		22d. LOCATIO	ON (City, town, or	county)	(State)	
	1/24/1959	Burial	Memorial P	ank		Free	sthurg	MD		
23	. FUNERAL DIRECTOR'S SIGNA		ADDRESS	ai A	24a. REC'E	BY REGISTR		RAR'S SIGN	ATURE	
	GEORGE E	EICHHORN	LONACONIN	G MD	DATEN 2			8 Kras	- A	
-			TOWACCMIN	وللالا والا	- UMIT-/	-11 00	0.501983	A / MAI		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY ALI	LEGANY		MARY	LAND 2	USUAL RESIDENCE (WO. STATE MARYL		lived. If institution b. COUNTY	ALLEGA		ission)
b. CITY OR TOWN (II RURAL ond give ne	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpore	ote limits, write RI	JRAL ond giv	e nearest to	wn)
CUMBER			9 DAYS		22 FROST	rburg				
d. NAME OF HOSPIT. OR INSTITUTION	AMEMORIAL & MEMORIAL	HOS	PITAL		d. STREET ADDRESS	. MAIN	ST.	SIA	ON	A FARM?
3. NAME OF	Fit	st	Middle		Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	ROS	SE	E.		CARPENTER	OF DEATH	JANUA	RY	22	19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED B. I	DATE OF BIRTH	5	AGE (In years	IF UNDER 1		
FEMALE	WHITE	WIDOWI			SEPTEMBER 2	27.	last birthday) 69 yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	R INDUSTR			intry)	12. CITIZI	EN OF WHA	T COUNTRY
Housewi	ing life, even if retired	70	m housew	ork	WEST VII	RGINIA		1	J. S.	Α.
13. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME				
BENJAMI	N HAINES			10.7	NANCY OR	FETT				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INFO	RMANT		Addr	ess		
(res, no. or dianown)	ir yes, give wor or bones or i	21	7-39-158	5	MEMORIAL H	OSPITAL	- CUMBE	RLAND,	MD.	
	nmediote (, 7 s	perterns	Cordi	al fail	me	til Hen	t	2 W	D DEATH
20a. ACCIDENT WA					T RELATED TO THE TERM			EN IN PART 1	PERF	AUTOPSY ORMED?
	MEDICAL EXAMINER) Y Month, Doy, Yes 19	20d. It While of worl	NJURY OCCURRED Not while	20e. PLACE foctor	OF INJURY (Home, farm, street, office bldg., etc	n. 20f. (City c	or town)	(Cou	inty)	(State)
21. I certify the alive on 22 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the 2.5 cm. Colfied DR. W. A.	Va	59, and that		., 1959, to curred at 12:2 12	5.BM, fram	the causes a set, city or town,	nd on the	date sta	
220. BURIAL CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY OR C	REMATORY	22d. LOCATIO	ON (City, town, c	r county)	(Ste	ote)
Burial	1-25-59		F'bg.Me	mori	al Park		stburg		M	d.
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGISTR		TRAR'S SIGN		
Joseph 1	R. Durst,	Fre	stburg.	Md.	DATEJAI	N 2 6 '59	Cri	hun & to	inced	

21907			
		T CERTIFICATE	
			was stated
		A CONTRACTOR OF THE STATE OF TH	
		THE PARTY OF THE P	
			Hauseulie
	THE PERSON NAMED IN		
		#881.00-743	
	Park Promphose	Delmome 4. ad 14	SET 1 1-25-19
		Fostburg, 16.	Joseph H. Danne,

VS. ATSME

5M 2/57

John J/ Hafer, Cumberland, Maryland

		MARYL	DICA	L EXAMINE	R'S	CERTIFI	CAT	E OF	DEATH	18 Reg. I	Const. No	003	14.
1.	LACE OF DEATH	Pro	- 0			2. USUAL RESID	ENCE (V	/here decea	sed lived. If institu	tion: Resi	dence be	fore adm	ission)
	. COUNTY	legany		MARYE	AND	o. STATE	lary.	land	b. COUNT		lles	ransr	
I	. CITY OR TOWN (IF	outside corporate limits, write	RURAL	c. LENGTH OF STAY	N 1b				porate limits, write				wn)
	and give nearest town			DOA		× 1	'asmb	- ml - m	a				
-	Cumberlar I. NAME OF HOSPITA		f nat in ho	spital, give street address		d. STREET AD		erlan	a			le. IS R	ESIDENCE
	Coomed He	and Homel	1			n ₄	1	Wa 1	1 Pand				A FARM?
	NAME OF	eart Hospi	1	Middle	U	Lost		4. DATE	ley Koad	_	Doy		leor X
	Type or print)	Will:	M	11110010	Cor			OF	770		-		
5. 5				ED NEVER MARRIED		render		otam.	9. AGE (In years	IF UNDE	PIVEAR		959 ER 24 HRS.
		947.	WIDOWE		-				last birthday)	Months	Days	Hours	Min.
10-	Male	White		D DIVORCED [- O'UI	e 14,18	378		80 yrs.	10.61	71754 0	F 14/11 A 7	COLUNITARY
100	luring most of working	g life, even if retired)	100.	KHAD OL BOSHAESS OK II	NUUSIKI	II. BIKITIFUAC	- (3101e	or toreign e	country)	12. CI	TIZEN O	r WHAI	COUNTRY
_	Retired		Fa	rmer					rd Co.,	Pa.	US	SA	
13.	FATHER'S NAME					14. MOTHER'S M	AIDEN N	IAME					
-		wender, (sed)		Amy Sn	nith	(Deceased	()			
	MAS DECEASED EVI	ER IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO.	17. INF	ORMANT			Attites	1,	Vall	Ley !	Road
	no				Mrs	. Walte	r Ne	orthe	raft, Cum			_	
	18. CAUSE OF DEAT	TH [Enter only one cou	se per line	for (a), (b), and (c).]							INTE	RVAL BETWEET AND DE	EEN
	PART I. DEAT	H WAS CAUSED BY:		Coronary	Occl	lusion						udde	
	4-20.1	DUE TO										JOHN W	
	Conditions, if a			Coronary S	cler	cosis							
	gave rise to immed	diote cause											
	(o), stating the couse fast.	(c)											
7	PART II. OTH			ONTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	IE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
ATT												PERFC	NO T
FK	20a. EXTERNAL CAL	ISE WAS 20	b DESCRIE	E HOW INJURY OCCUR	PED /Ent	er noture of injur	ry in Part	Lor Port II	of Item 18 1			152	No 10
CERTIFICATION	PRIMARY Or CON	TRIBUTING []				or notice of injur	,	1011011	or nem re.,				
3	20c. TIME OF INJUS	RY Month, Doy, Yes	r 20d.	INJURY OCCURRED 20	e. PLACE	OF INJURY (He	me, form	20f. (City	y or town)	(C	ounty)		(State)
MEDICAL	Hour o. m.	19	Whil	e Not white	factory	y, street, office b	ldg., etc.			BUT			
2	p. m.								. তেন		(39)		
				remains described			_	-			iry X	-	d in my
	opinion death	resulted from: 1	Vaturol	couses 🔼, Accid	ent _	J. Suicide	□ , 1	tomicide	Undete	rmined	manne	er 📙	
	ACTUAL /	2 ,	1 /	01-11								DATE	SIGNED
	SIGNATURE	residuci	1	retareled		M.D. CHIEF MED	DICAL EX	AMINER [WAIL.	
	EYAMINER'S -					ASSISTANT	MEDICA	AL EXAMINE	ER 🗍				
	NAME (Type) Be	nedict Skit	arel	Lc, M.D.		DEPUTY M	EDICAL B	XAMINER]	D Janua	ry 5	, 19	59	
220	BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stat	e)
ur	ial	1/8/59		Fairview C	hris	stian Ce	em.	Artem	as, Pa.				
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS				BY REGIST		STRAR'S S	IGNATU	RE	-10-1

Cirilian S. Kraus

west backer from the See 1970 . L. out Il some explaine . DE . . od hate ped a. rice well and a second way Control of the state of the sta mana walled . I so The state of the s Calabara take seminarah Company of the country of the control of the contro STATE OF THE STATE Limiter A. Dan Printers . 1931 M. H. H. 1850 60

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death. Page 4

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
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	9	CERTIFICATE	OF DEATH
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 D1.4	NI.		

	./			Reg. Dist. 110.
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WILL OF STATE W. VA.	here deceased lived. If institution b. COUNT	vition: Residence before admission) Y Mineral
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16		ASHBY 8	RURAL and give nearest town) 5 X - 3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSPITAL	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First DECEASED (Type or print) MARGARE	Middle CHA	NE Y	OF	NUARY 15 1959
5. SEX 6. COLOR OR RACE 7. MARK		8. DATE OF BIRTH NOVEMBER 6,	1913 9. AGE (In yeors	s IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME	Own Home		MARYLAND	12. CITIZEN OF WHAT COUNTRY
LEVI WILSON		AGNES	Winebrer	nner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT	WARWICK 48	MEMORIAL AVE.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stating the under-	ne for (0), (b), and (c).]	enia	, y compa	INTERVAL BETWEEN ONSET AND DEATH 72 hb
I ≅ I OK CONTRIBUTING LI CALISE OF DEATH I	CONTRIBUTING TO DEATH BUT			IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
	Not while foo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an		occurred at 5:03	AM, from the causes ADDRESS (Street, city or town	and an the date stated above
PHYSICIAN'S DR. WILLIAM P.	LAMES	<u>Cu</u>	mbuland	mol
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 1/17/59	Prostburg Men		22d. LOCATION (City, town, Frostburg,	
23. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberla	nd, Maryland		IAM 4 O UTO	SISTRAR'S SIGNATURE

1 THE REST OF STREET		THEMTH				
	HTAMESC		(1970)	718		
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	TO ANY HOLD MAY A COMMON TO THE PARTY OF THE					

HEALTH DEPT.

files. Health, ory, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in pery event within 72 hours after death.

I

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

00016

1. PLACE OF DEATH O. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Rennsylvania. COUNTY Bedford.
b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Londonderry Township
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. street address Hyndman RD#1 e. Is residence on a farm? yes \(\) No \(\)
3. NAME OF DECEASED (Type or print) Clarence Wesley Clites	Lost 4. DATE Month Day Year DEATH Jan. 22, 1959 19
	Jan. 31, 1904 9. AGE (In yours IF UNDER 1YEAR IF UNDER 24 HSS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Railway Carman Railroad 13. FATHER'S NAME	Hyndman, RD#1, Pa. USA 14. MOTHER'S MAIDEN NAME
{Yes, no, or unknown} (If yes, give wor or dates at service)	Catherine Witt
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Asphyxiat Output Conditions, if ony, which gave rise to immediate cause (e), stating the underlying cause last. (c)	INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH. 3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	TEOF INJURY (Home, farm, 120f. (City or fown) (County) (Stote) YES NO XX (County) (Stote) YES NO XX (Stote) The original of the store of the st
EXAMINER'S Benedict Skitarelic, M.D. 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR C	DEPUTY MEDICAL EXAMINER X Jan. 23, 1959 CREMATORY 22d. LOCATION (City, fown, or county) (Stote)
Burial Grecity Jan, 26, 1959 Porter Cemetagrand Director's STENATORE ADDRESS A MUNICIPAL DIRECTOR ADDRESS A MUNICIPAL DIRECT	

TO A SECTION AS

	CEPTIFICATE OF DEATH		
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	diment of the property of		
	transfer in		
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	A. A. A. C. L. C. L. P. L.		
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20, 1880 20, 1880	TE SON DONALDS		

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FOR STATE HEALTH DEPT.

Files. O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necess execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be farm, ed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for O FUNERAL DIRECTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the State Booto or its designated agent, prior to burial, cremation, or removal, and in any event within 72, hours ofter death.

VC ATELLE	=	- Jan
43. WISHIF	VS.	A15ME
5M 2/57	5N	1 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

60013

	PLACE OF DEATH				2. USUAL RE	SIDENCE (W	here decease	ed lived. If institu	ution: Resider	ce befor	re odmi	ssion)
	Allega b. city or town (if	anv		MARYLAND	o. State	yland	i	b. COUNT	Legar	v		
	b. CITY OR TOWN (IF	autside carporate fimils, writ	· RURAL	c. LENGTH OF STAY IN 16	c. CITY OF	TOWN (If	outside corp	orote limits, write			prest tov	√n)
		rslie			XE	llers	slie					
			If not in hos	pital, give street address)	d. STREET			134				SIDENCE
					1			279.				A FARM?
ì	3. NAME OF DECEASED	Fir	si	Middle	los	1	4. DATE	Mont	h	Doy	Y	ear
1	(Type or print)	Anna		B. Cor	ner	2400	OF DEATH	Jan.	c	9	10	359
ŕ	5. SEX		7. MARRIE	DE NEVER MARRIED		1		9. AGE (In years	IF UNDER 1			R 24 HRS.
	Femahe	White	WIDOWE	DIVORCED	Nov. 17	.1892		fast birthday) 66 yrs.	Months D	ays I	Hours	Min.
4			done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co		12. CITIZ	EN OF	WHAT	COUNTRY?
	HO11S	ewife					lie M		T	ISA		
	13. FATHER'S NAME	31122			14. MOTHER'S			u ,	1	HUL		
	Daniel to the same	. T				Cl = 2	TET-S .L.					
H	15. WAS DECEASED EVI	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Saran	n Wit	Address				
		(If yes, give wer or dates of	service)	Mana	T amaga	0 = + 0 =	Con			2 -	312	
	NO LIN CAUSE OF DEAL	TH [Enter only one co	se per line		eorge L	ester	COII	Her ET	lersl	-	AL BETWE	
		H WAS CAUSED BY:			2					ONSET .	AND DEA	TH
	11201	IMMEDIATE CAUSE (0		coronary Occ	lusion					- 2	Bud	den_
	400,1	DUE TO										
	Conditions, if or		(Coronary Sci	Lerosis							
	(o), stoting the											
	couse lost.) (c										
	PART II. OTH	ER SIGNIFICANT CON	DITIONS CC	INTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART	1(0) 19.	PERFO	RMED?
	3									YE	S 🗍	NO 🗌
	PART II. OTH 20g. EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	ISE WAS	b. DESCRIBE	E HOW INJURY OCCURRED.	Enter noture of in	ijury in Port	I or Part II	of item 18.)				
	20c. TIME OF INJUR	Y Month, Doy, Ye			ACE OF INJURY	Home, form,	20f. (City	or town)	(Coun	ty)		(Stote)
	Hour o.m.	19	While of wo	Not while	tory, street, office	blog., etc.)						
	21. I certify th	at I took charge	of the r	emains described ab	ove, held an	Autopsy	, D. In	spection K	Inquiry	IX	and	d in my
				auses 🗖 Accident			Printed.	_	ermined m		_	,
		P. C.	, 11			· L			, mile or m	armer		
	ACTUAL SIGNATURE	one orland	110	takelia)	CHIEF A	AEDICAL EX	AMINER [1	DATE SI	GNED
	SIGNATURE			are acce	M.D.		L EXAMINE	СП				
2				celic, M.D.			XAMINER [10, 1	1959)	
	220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC)F	22c. NAME OF CEMETERY OF	R CREMATORY		22d. LOCAT	TON (City, town,	or county)		(State)
	Burial	1-12-59			etery		Hyno	iman, Pa				
	23. FUNERAL DIRECTOR	SSIGNATURE	\ n	ADDRESS		240. REC'D	BY REGISTI		STRAR'S SIGN			
	Harre	4/1/2	aler	Hyndman,	Pa.	DATE JI	AN 1 3'	59	within S.	Than	i.d.	

HYA RESIDENTIAL CERTIFICATE AND AND INCIDENTAL PROPERTY OF THE PARTY O . Mr of fever by signated Council a room state Int. almoraler transfel FOCH AND ADDRESS TO STATE OF THE STATE OF TH

VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESI	Maryl		ed. If instituti b. COUNTY	Allega		iian)
RURAL and give near	est town and and	c. LENGTH OF STAY IN 16		TOWN (If out	All the second	limits, write R	URAL and give	nearest tawr	1)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street Sacred He	eart Hospital	d. STREET A		lams St	reet			FARM?
3. NAME OF DECEASED (Type or print)	First Elbert	Middle	lo		DATE OF DEATH	Mon Jar			Yeor 159
5. SEX Male	White WIDOWE	The second secon	B. DATE OF BIRT	5. 188	9 9. 4	GE (In years put birthday) 9 yrs.	Months Doy	AR IF UND	
100. USUAL OCCUPATION during most of working	(Give kind of work done 10b. g life/even if retired)	KIND OF BUSINESS OR IND B+OR, 1	USTRY 11. BIRTHPI	LACE (Stole or			7	S.A.	COUNTRYS
13. FATHER'S NAME	rasgran	٤	14. MOTHER'S	MAIDEN NA	ME le	cely			
1S. WAS DECEASED EVER	N U. S. ARMED ORCES? 16.	SOCIAL SECURITY NO. 17.	MAS A	Jelen	Coa	neve	en (1	uml.	. mo
PART I. DEATH 422,2 Conditions, if ony gove rise to immoouse (o), stoting the lying couse lost.	nediote (Thronie 1	IT NOT RELATED TO	THETERMINA	AL DISEASE CO	Joen Months GIV	yeard of	PERFO	DEATH LOS
PART II. OTHER	CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	ED. (Enter noture o	of injury in Por	t I or Port II o	f item 18.)		1 12	110
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. IN While of wart	Not while f	PLACE OF INJURY (actory, street, affice	Home, form, e bldg., etc.)	20f. (City or t	own)	(Count	(y)	(Stote)
21. I certify that alive an	Johnson Jr.	59, and that deal	M.D. 14	Addition of the Contract of th	DRESS (Street,	city, or town,	berland	date state	
23. FUNERAL DIRECTOR'S	1/20/59	Sunsey)	nine.		Cum BY REGISTRAR	herbe	TRAR'S SIGNAL	mo	2.
Lavis 1	tui Ine-	Cunt. M	d.	DATEJAN			Chun & Ha		

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PITA	RAI Sho istra
HOS	UNI 1ge 3
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the graduation of director, page 3 should be a cheef far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A1S (4) 15M 10/57

Cirting S. Friank

DATE JAN 1 3 '59

			ii. a g.	D131, 140.
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLAND	b. COUNTY	idence before admission) EGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write RURAL o	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION MEMORIAL HOSPITAL		d. STREET ADDRESS RT. #4 Without	ltown Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Sarah MILDRED	Middle CO	US I NS	Month JANUARY	Day Year
FEMALE WHITE WIDOWED		B. DATE OF BIRTH DEC. 11, 1908	50 day by thooy) Month	DER TYEAR IF UNDER 24 HRS. bs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign MARYLAND CUN		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JOHN WOODS		###ZHBE###SHI#	Anna S	hifflett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) NO (If yes. give war or dates of service)			RWICK & MEMO	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: HARDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate	for (a), (b), and (c)]	My car	Cilitate	INTERVAL BETWEEN ONSET AND DEATH
lying couse lost. DUE TO (c)	or Vu	Comme	Cal	2-721
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURR	D. (Enter nature of injury in Port I or Po	ort II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. 19 While of work	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	y or town)	(County) (State)
21. I certify that I attended the deceased	from 1/17/5	6, 19 to 1/8/	5 9 19 that	I last saw the deceased
actual SIGNATURE PHYSICIANTS R. J. WILLIAMS	7	accurred at 4:30 AM, fro		the date stated above

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No with director 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY o. STATE ARYLAND b. COUNTY AT LEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LL MINS. CUMBERL AND. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION
MEMORIAL HOSPITAL ON A FARM? 627 ELWOOD STREET YES NO NAME OF DECEASED Middle 4. DATE Month 19 59 BABY muni COYLE JANUARY GIRL (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRYED 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days JANUARY 25, 1959 FEMALE WHITE WIDOWED [DIVORCED T papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) CUMBERLAND, MD. U. S. A. pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES E. CDYLE MARY M KILDUFF 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) CUMBERLAND, MD. MEMORIAL HOSPITAL tending 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ony Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BHATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while at work at work p. m. 25. Jan 1957, that I last saw the deceased 21. I certify that I attended the deceased fram 25 , and that death accurred at 12:30PM, from the causes and on the date stated above. ACTUAL SIGNATURE should FUNERAL I PHYSICIAN'S NAME (Type) DR. LELAND RANSOM 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Speg 10 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 10/57

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TARYOUT SALE DISASTINIST OF THE SALE CHARLY SALE ATT 1967 1976 The state of the s . Committee a

00021

13 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY AL	LLEGANY		MARYLA	ND	2. USUAL RESIDENCE (WHO O'S STATE MARYLAN	ND	red. If institution b. COUNTY	ALLEG	before odm	ission)
b. CITY OR TOWN (RURAL ond give n CUMBERLA	earest town)	est fown)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND,					wn)
d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street o	address)		d. STREET ADDRESS	NMORE S	STREET		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First MAF		ELIZABET	Н	CRUTHERS	4. DATE OF DEATH	JANUI		28	Year 19 59
5. SEX FEMALE		7. MARR	DIVORCED	_	OCTOBER 31, /	1871 9.	AGE (In years last birthday) 7 yrs.		YEAR IF UN	
10a. USUAL OCCUPATE during most of wor HOUSEV	ON (Give kind of work d king life, even if retired) VIFE	one 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (STORE CUMBERLAND		(ry)		S.A.	AT COUNTRY
13. FATHER'S NAME	STEWART		Inknow		14. MOTHER'S MAIDEN N					
15. WAS DECEASED EVE (Yes, no or unknown)	ER IN U. S. ARMED FORC		Mone,		FORMANT EMORIAL HOSPI		RWICK *を UMBERL			
PART I. DEA	mmediate (Му	ocardial fa		re Heart Diseas	se			interval onset an 5 wi	D DEATH
Ac Ac	HER SIGNIFICANT COND dvanced age	ITIONS C	ONTRIBUTING TO DEATH	H BUT I	eral failure			EN IN PART 1	PERI	S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL		none		. (Enter nature of injury in F			(Co	uniy)	(Stote)
Hour o.m.	none 19	While of work	Not while of work	fact	ary, street, office bldg., etc.	.)				
21. I certify the alive on Land ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nat I attended the mary 28. DR. JAMES	2 19 5 Vae	einan	leath N	accurred at 2:45	MAM, from the ADORESS (Street dford Street dford Mand, Mand)	he causes a t, city or town,	nd on the	date sta	e deceased ated above DATE SIGNED
220. BURIAL, CREMATIC	ON, 226. DATE THEREON	9	22c. NAME OF CEMETE	ERY OR	CREMATORY	22d. LOCATION	V City. toward	er county)	11)	iole)
23. FUNERAL DIRECTOR	Steen I	ne	ADDRESS	'.)	1.0	AN 3 0 '5		TRARYS SIGN	11	

rol director, be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be exchanged for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be existent for burial, cremation, ar removal, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

	1	CERTIFIC	AIE OF	PEAIL			Reg. Dist. No.	
	ALLEGANY	MARYLAND	2. USUAL RES	MARYLA		ved. If institution b. COUNTY	n: Residence before	
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write arest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR			limits, write RI	JRAL and give nea	irest fown)
	CUMBERLAND	5 DAYS	02	CUMBER	RLAND			
	MEMOR PAL'O HOSEI'		d. STREET		UCLID P	LACE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HENRY	Middle E	DAVIS		4. DATE OF DEATH	Mont	h Do	y Year
S. SEX	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRT			AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HI
MALE	WHITE WIDOW		JUNE	box6,	1903	55 yrs.	Manths Days	Hours Min
10a. USUAL OCCUPATIO during mast of warki	N (Give kind of work done 10b. ing life, even if retired)				or fareign count		12. CITIZEN O	F WHAT COUN
Metal Wor		ly-Springfie				LAND	0.5.7	1.
) . TATHER S HAME	WILLIAM F. DA		14. MOTHER			ROFIT		
15. WAS DECEASED EVER			INFORMANT	174		Addr		
	If yes, give war or dates of service)		And the second second	HOSPIT	ΓAL		LAND MARI	KLAND
	TH [Enter only one cause per li	ne for (a), (b), and (c).]	= =	>/	/	4	INTE	RVAL BETWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	alone	ry y	122	orn li	ne Le	1 5	> AND DEATH
420,1	DUE TO	. 1		>	1	1		
Canditians, if an		2 Santo	May C	2/26	Chej1	HUK2	120	the state of the s
cause (a), stating t			10	, -f	/_	1		
lying cause last.	(c) (c)	a south	71 (i	2-66	rylik	Cher	afer	
САТІС	ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO	O THE TERMII	NAVDISEASE CO	ONDITION GIVE	N IN PART 1(a) 15	PERFORMED?
	S UNDERLYING D 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature o	of injury in P	art I ar Part II	of item 18.)		
20c. TIME OF INJURY Hour o. m.			LACE OF INJURY actory, street, office	(Home, form,	20f. (City or	tawn)	(Caunty)	(Stat
p. m.	19 While of work		actory, sireer, direc	e blog., elc.	1 1	-		
21. I certify the	at attended the decease	ed fram 1/4/5°	7 , 19	_, ta/_	19/5	9.19	,that I last sa	w the decer
alive an	19 / 59, 19	and that death	h accurred at	9:30	PM. fram (
	1)11/16	00.				, city or town, s		DATE SIE
ACTUAL SIGNATURE	13/1/1/sel	drawns	M.D.	cin	1626-8	Ch		1/9/5
PHYSICIAN'S NAME (Type) R.	. Williams	M.D. 122 S	o. Centi	re St.	Cumbe	rland,	_arylan	a
220. BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C				N (City, tawn, a		(State)
Burial Specify)	1/13/59	Zion Mem. p	ark		Cumberl	5.0	aryland	(4.2.2)
23. FUNERAL DIRECTOR'S		ADDRESS		240. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGNATUR	E
John J. I	Hafer, Cumberl	and, Marylan	d	DATESAN	1 5 '59	Ciral	- & France	

requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

TO FUNERAL DIRECT A: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be extended for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 the registror priar to burial, crematian, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low TO HOSPITAL OR VS A15 (4) 15M 10/S7

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death. Poge 4

21 a new and a larger of the authority of the safewire The real street and the recent of many ASDO: 2. On the real street and block of the state of the s deline of the second se

VS A15 (4) 15M 10/57

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with,	-	1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00023

15 CERTIFICATE OF DEATH

Reg. Dist. No.

o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (No. STATE Mary]	Where deceased lived. If insti	ITY AND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland	c. LENGTH OF STAY IN 16 28 hrs.		f outside corporate limits, writ	Allegany e RURAL ond give neore	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Sacred Heart Hospital	1 oddress)	d. STREET ADDRESS P.O. Box	143 266 Na		IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Robert	Middle Aloysius	lost Davis	OF	Month Day	Yeor 1959
	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ver	ors IF UNDER 1 YEAR IF	
Male White WIDOW		Oct. 11.189	lost birthdo	y) Months Days	Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired) Roofing Co. Mgr.	KIND OF BUSINESS OR INDU	The second secon			WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Edward Davis		Margare	et Cordial	70	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give war or dates of tervice) (If yes, give war or dates of tervice)		rs. Margaret		Address 6 Nat. Hwy.	Md. Ca Vale
OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(o) 19.	WAS AUTOPSY PERFORMED?
Hour o. m. While	INJURY OCCURRED 20e. Pt Not while foork of work	ACE OF INJURY (Home, fo ctory, street, office bldg., e	rm, 20f. (City or town)	(County)	(Stote)
21. I certify that I attended the decear alive an I	59, and that death	M.D62 Greene	ADDRESS (Street, city or too	vn, stote)	stated abave DATE SIGNED 2=59
NAME (Type) R.W. Ballin, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	62 Green	22d. LOCATION (City, 10w	erland, Md.	
Burial 1/5/59	S. S. Peter			Maryland	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cumbe	ADDRESS rland, Md.		C'D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE	

SE CERTIFICATE OF DEATH . In a second of the second of unthermorth Allow and an or NAME OF TAXABLE PARTY. All that development arrows arrows.

VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
16	CERTIFICATE OF DEATH	

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								Kag. L	DIST. 140.	•	
1. PLACE OF DEATH o. COUNTY	ALLEGANY		MARYL	AND	2. USUAL RESIDENCE (o. STATE WEST	Where decease		ian: Reside	ence befor	re admiss	ion)
b. CITY OR TOWN RURAL and give CUMBER		its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (orate limits, write f	RURAL and	I give neo	arest lown) (
d. NAME OF HOSP OR INSTITUTION	MEMORIAL I	HOSPI	TAL		d. STREET ADDRESS	m 6	50	^			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fii BAB		Middle G I R L		Lost DOLLY	4. DATE OF DEATH	JANU		18	o'	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIE	K	8. DATE OF BIRTH		9. AGE (In years lost birthday)		ER 1 YEAR		- //
FEMALE	WHITE	WIDOWI			JANUARY 17	1959	yrs.				
during most of wo	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OF	INDU	CUMBER LA	AND, MD		12. C		A.	COUNTRY
	DOLLY										
	ER IN U. S. ARMED FOR	creo la		1	ELEANOR	M. MI	The state of the s				
(Yes, no. of unknown)	(If yes, give war or dates of s		SOCIAL SECURITY NO.	17. 1	NFORMANT		Add				
				IN	EMORIAL HOSE	PITAL -	CUMBERL	AND,	MD.		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (a), (b), and (c).]	ul	vaes/5	ela	lu od	7		ERVAL BE	
Conditions, if gove rise to cause (a), stating	the under-		30 Cont		Clerk	s (e)	rterm	u			
3	/ (c	1	CONTRIBUTING TO DEA	TH' BUT	NOT RELATED TO THE TEL	RMINAL DISEAS	E CONDITION GIV	EN IN PA	.RT 1(a) 15	PERFO	AUTOPSY RMED?
OR CONTRIBUTION	AS UNDERLYING CONTROL CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury	in Part I or Pai	t II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes	20d. It While of worl	Not while	20e. PL fo	ACE OF INJURY (Home, fo ctory, street, office bldg.,	erm, 20f. (City	y or tawn)		(County)		(State)
21. I certify to alive an/	hat I attended the	decease _, 19_	14	1	accurred at 12:1			and an		te state	decease ed abave ATE SIGNE
PHYSICIAN'S	DR. W. F. W	HITWO	ORTH		m.U						
220. BURIAL, CREMATION REMOVAL (Specify	11100	9	Memorial	ERY O	R CREMATORY LESS PLES	22d. LOCA	TION (City, town,	or county)	any-	(State	2
23. FUNERAL DIRECTO	S'S SIGNATURE		ADDRESS		24o. RE	C'D BY REGIS	0	STRAR'S SI	IGNATUR Trau		
2.0	0310X	V5						1 44	/ Viau		
	the state of	100									

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RYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
RYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	1

CERTIFICATE OF DEATH

MA

Rea. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Allegany Maryland Allegany b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) Cumberland Rura1. Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital Meadow Drive. YES NO TY Cresap Park NAME OF First Middle 4. DATE Year Frank Howard Duckworth (Type or print) DEATH Jan. 15 1959 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Manths Days Male White WIDOWED | DIVORCED | Aug. 7. 1880 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Laborer Bloomington. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nelson Duckworth Mary Yonker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No Mrs. Frank Duckworth Rt. 5 Cumberland. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Embolus 7 days IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which Cerebral Arteriosclerosis gave rise la immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Uremia YES NO TH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) a. m. While Nat while at wark at wark p. m. 21. I certify that I attended the deceased from January 8 ... 19.50, to January 15 ... 19.59 hat I last saw the deceased . 19 59 , and that death accurred at 8:30pM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 50 Pershing Street PHYSICIAN'S Samuel M. Jacobson, M.D. Cumberland, Maryland NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Buria] 18.1959 Hillcrest Burial Park Jan. Cumberland Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Charles L. George, Cumberland, Md. DATE

DE STOUGHT STATE OF A STATE OF HEALTH AND STATE OF STREET The state of the s THE RESERVE OF STREET, hope were without the party of the party of the property and term of our but any title place by medical profession become and and DASH 15, he armed a many for land, 10, 2, 47. If there were the owner CHARLES OF THE SECOND The transfer of the course of

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00026

18 CERTIFICATE OF DEATH

Dan	Dist.	No
ved.	DIST.	140.

1. PLACE OF DEATH 0. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYL	& COUNTY	an: Residence before admission) ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	- 0	outside corporate limits, write R	URAL and give nearest lawn)
OR INSTITUTION MEMORIAL AND WARWICK AVE	opdress) NUES	d. STREET ADDRESS	SOUTH LIBERTY	e. IS RESIDENCE ON A FARM? YES NOX
3. NAME OF DECEASED (Type or print) ESTHER	Middle E	EARSOM	4. DATE Mon OF JA	"NUARY 0019 19 59
5. SEX FEMALE 6. COLOR OR RACE 7. MARR WHITE WIDOWS	DIVORCED [8. DATE OF BIRTH FEBRUARY 15	9. AGE (In years lost probledy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIGNE MARYLAND		12. CITIZEN OF WHAT COUNTRY?
13. FÁTHER'S NAME LOUIS BORCHERT		14. MOTHER'S MAIDEN N	ERINE DRYER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (It yes, give wor or dates of service)		INFORMANT EMORIAL HOSPIT	TAL CUMB	ERLAND MARYLAND
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	Marie	ar leti	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the under-	Dukele	Mel	Miling	5-4-
Lying couse lost. (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 2
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour a. m. 19 While of work	Not while fo	ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.	20f. (City or tawn)	(County) (State)
21. I certify that I attended the decease alive an	ed fram // / / / / / / / ond that death		M, fram the causes a	, that I last saw the deceased and on the date stated above. DATE SIGNED
PHYSICIAN'S NAME (Type)				-////////////////
220. BLADAL, CREMATION 22b. DATE THEREOF	Pere His	R CREMATORY	22d. LOCATION (City town, of	end me
28 FUNERA DIRECTOR'S SIGNATURE	ADDRESS		2 6 '59 24b. REGIS	STRAR'S SIGNATURE

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 69

00027

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany		MARYL	AND		Mary.	here deceased live	d. If institution b. COUNTY	n: Residence be		
RURAL ond give n	If outside corporale limi earest town) ostburg	ls, wrile	7 hrs.	ч 1ь			outside corporete		URAL ond give r	nearest lown)	
OR INSTITUTION	rat (If not in hospital, g		address)		d. STREET A		Road			e. IS RESIDEN ON A FAR YES NO	RM2
3. NAME OF DECEASED (Type or print)	Marcus		Ambrose		zenbak		4. DATE OF DEATH	Jan	-	2, Year	59
5. SEX male	white	WIDOW			Feb. 8	, 18	74	GE (In years birthday) Yrs.	Months Doys	Hours A	HRS.
10a. USUAL OCCUPATION during most of work Retired 1	ON (Give kind of work of king life, even if retired armer	done 10b.	KIND OF BUSINESS OR OWN farm	INDUS	The second second	aryl		y)		S. A.	UNTRY
13. FATHER'S NAME	5.5.2				14. MOTHER'S			Y III			
	el Fazeni					Eliza	abeth B				
IS. WAS DECEASED EVE [Yes no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		none		orence	Faz	enbaker	, Fro		, Rt.	2
Conditions, if a gave rise to i couse (a), stating lying couse last. PART II. OTI	mmediate the under-) CE	CONTRIBUTING TO DEAT						Pose (19. WAS AUTO PERFORMEI YES NO	D?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	20d. II While at wor	Not while	0e. PLA fact	CE OF INJURY (I lory, street, office	Home, form	n, 20f. (City or t	own)	(Count	y) (1	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		19.5 Dav	is, M. D.	<i>_</i> ^^	A.D	7:6G B:	M, from the AppRess (Street, roadway rostbur	e causes a city or town,	nd an the d		abave
Burial CREMATIC		959	Mt. Zio			У	22d. LOCATION		County	, Md.	
J. R. D		rost	burg, Md.				D BY REGISTRAR AN 26 '59	-	thun & K	-	

eignan	WINT OF HEALTH-BALL	NO STATE DEPARTE		
	ATE OF DEATH	OFFITTED TO		
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Transaction of the second		o Jementeron III	- Ten Con	271
			teachtament	
yes .net	sego dayadnoza		Europail (II)	
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.A .9 .5	Ban Cynull	musl swo	Terms 1	pertoon.
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Add Sans				
	The state of the state of			
1. Md.	udiac73		John H. L	
rest County, Mc.				
		and greeding	Darst, Jeron	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00028

		979	CERTIFIC	CATE OF	DEATH	1		Reg. Dist.	No.	100
1. PLACE OF DEATH a. COUNTY	Allegany		MARYLAN	O CTATE	Maryla		lived. If institution b. COUNTY		before adm	ission)
RURAL ond give	(If outside corporate lim neorest town) Cun) berland	its, write	c. LENGTH OF STAY IN 1		TOWN (If o		ote limits, write Ri Land			wn)
d. NAME OF HOSE OR INSTITUTION MEXICO	PITAL (If not in hospital, Farms	give street	oddress)	/d. STREET Mex	ADDRESS CICO Fa	arms			ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Delv	rst in	Middle C •	The state of the s	ner	4. DATE OF DEATH	Mon Jan		Doy 12.	Yeor 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED	B. DATE OF BIR			P. AGE (In years last birthday) 76 yrs.		YEAR IF UN	DER 24 HR
Retired 13. FATHER'S NAME	erking life, even if retired Engineer	dane 10b.	B. & O. Rwy.	Phi1	1ippi	W. Va			S. A	
-	VER IN U. S. ARMED FOI	RCES? 16.		informant Mrs. Lena	rminta . Gaine		Adde		d. Md.	
Conditions, if gove rise to couse (o), statin lying couse los	immediate g the under-)))	DAON C	DUT NOT RELATED TO		NAL DISEASE		EN IN PART 1	I(o) 19. WA. PERI	FORMED?
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING AG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Ye		CRIBE HOW INJURY OCCUPANIURY OCCURRED 20e.	PLACE OF INJURY	(Home, form	, 20f. (City		(Co	unty)	(Stote
Hour o.m	. 19	While of war	Not while	factory, street, office	ce bldg., etc.				,,,	(5.0.0
21. I certify alive an, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Hat I attended the	deceas 2, 19 m		ith accurred at M.D.		Ing LAL	eet, city or town,	nd on the	date sta	e deceas
220. BURIAL, CREMAT REMOVAL (Specif Burial)F	Davis Memor	or CREMATORY		22d. LOCATI	ON (City, town, oberland		(St	lote)
23. FUNERAL DIRECTO	R'S SIGNATURE L. George	Cumb	ADDRESS erland, Md.		24a. REC'I	BY REGISTR	AR 24b. REGIS	TRAR'S SIGN		

DATE AN 1 5 '59

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the registrar priar TO FUNERAL DIRE VS A15 (4) 15M 10/57

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Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE YES NO X Yeor 29 19 IF UNDER 1 YEAR IF UNDER 24 HPS. 12. CITIZEN OF WHAT COUNTRY U. S. A. CUMBERLAND, MD. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 7.that I last saw the deceased and that death occurred at 11:50 M, from the causes and an the date stated above. DATÉ SIGNED (Stote) 24b. REGISTRAR'S SIGNATURE

	CESTIFICATION OF THE CESTIFICATION OF THE CASE
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VS A15 (4) 1SM 10/S7 62

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MARYLAND	STATE	DEPARTMENT	OF HEALT	H-BALTIMORE,	18

20 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDEN		b. COUNTY		e befo	re odmiss	ion)
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW		orate limits, write R	egany URAL and ai	ve nec	rest town	2)
RURAL ond give			tree derie	00						
d. NAME OF HOS	PITAL (If not in haspital,	give street	two days	d. STREET ADDR					e. IS RES	IDENCE
OR INSTITUTION		4 . 7							ON A	FARM?
	Heart Hospi				ur Street] NO [
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE OF	Mon	ith	Do	у	Yeor
(Type or print)	Gregory	-		Godlove	DEATH]_	23.		1959
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months (YEAR Days	Hours	Min.
Male	White	WIDOW		6-28-56		Two yrs.		50/5	110013	TVIII.
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE	(State or foreign	country)	12. CITI2	ZEN C	F WHAT	COUNTRY
	, , , , , , , , , , , , , , , , , , ,			Mary!	land		Ī	I.S.	. A	
13. FATHER'S NAME				14. MOTHER'S MA						
Ivan God	Nove			Em: 7	y Wample:	n				
IS. WAS DECEASED E	VER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	A Marbie	Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of	service		Ole de						
NO.	Para Cr.			Chart			-	1		
	DEATH [Enter only one content was CAUSED BY:	ouse per li	ne for (a), (b), and (c).	Parel.	All as a	N			ET AND	DEATH
	IMMEDIATE CAUSE (d). W	enus ino	Junen m	0170100	7			100	ry
500X	DUE TO	1	anti l.	1.1.1	•				9 /	/
Canditions, if		17	mile or	whenh	7			/	Lac	ays
gove rise to couse (a), stotin										
lying couse los		:)								
PART II. C	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	E TERMINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 1	9. WAS	AUTOPSY
EATI										RMED?
PART II. C	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of inj	ury in Port I or Pa	rt II of item 18.)				
OR CONTRIBUTION	YG CAUSE OF DEATH									
	URY Month, Day, Ye	or 20d I	NJURY OCCURRED 20e. P	LACE OF INJURY (Hom	e form 20f (Cit	v or town)	ICA	ounty)		(State)
ZOc. TIME OF INJ		While	_ Not while	octary, street, office bld	lg., etc.)	, 0. 10411,	(ce	,,,,		(31016)
₹ p. m	1. 17	of wor	<u> </u>	p=30						
21. I certify	that I attended the	deceas	ed fram. 1/2/	, 19 Sq., to	0 123	19.5	Lithat I lo	ast so	w the	deceased
alive on		, 19	and that deat	h occurred at	M, fra	m the causes	and an the	e da	te state	ed abave
	600.	11	/.		ADDRESS (Street, city or town,	state)		DA	ATE SIGNED
ACTUAL SIGNATURE	Migall	My	(Troups	M.D						
	, ,		1							
PHYSICIAN'S NAME (Type)			ings	55	Greene	Street, C	umber	Lan	d, Mo	d.
22a. BURIAL, CREMAT REMOVAL (Speci)F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	ATION (City, lown,	or county)		(Stote	e)
Burial	" 1-25-19	959	Vale Summi	Methodi	st Val	e Summi	t		n	Md.
23. FUNERAL DIRECTO	OR'S SIGNATURE	17	Hareoress Funer	al Home 240	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	NATUE		
Lear / A	1. Mallen	ester.	Frostburg, 1		TE JAN 29					
	1	11				1	2	100		

MARGEO SASTINGS - INC.

CEPTIFICATE OF DEATH

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		AL	CERTIFIC	AIL OI D	L/NIII		Reg. Dist. N	o.
°	PLACE OF DEATH D. COUNTY	Allegany	MARYLAND	O. STATE	ENCE (Where deceas	ed lived. If institution b. COUNTY	n: Residence bet	
ь	RURAL and give ne	f outside corporate limits, write carest lawn) berland	6. LENGTH OF STAY IN 16 8/19/58		OWN (If oulside corp Cumberla	porate limits, write RU	RAL and give n	rearest town)
d	OR INSTITUTION	At (If not in hospital, give street gany County	Infirmary	d. STREET AD		Avenue		e. IS RESIDENCE ON A FARM? YES NO
D	NAME OF DECEASED Type or print)	First Frederi	Middle	Gowland	4. DATE OF DEATE	Month H Januar		Doy Year 1, 19 59
5. S	Male	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH 2/19/3	1.884		Months Doys	AR IF UNDER 24 HRS. Haurs Min.
1/_	usual Occupation during most of work	DN (Give kind of work done 10b king life, even if refired) B&O N	KIND OF BUSINESS OR INDI			country) m,Englane		OF WHAT COUNTRY?
13. F	FATHER'S NAME	Ra Ra Ifred H. Gow	ilroad vland	14. MOTHER'S		herington	n	
15. \ Yes.		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Allegan	O.Box 5			rland, Md.
	PART I. DEA 4222 Canditians, if as gave rise to in	mmediate (chronic h	yocarl	ial De osclet	quellas	Le on	ITERVAL BETWEEN NSET AND DEATH
IFICATION	20g. ACCIDENT WA	IER SIGNIFICANT CONDITIONS LALLUM S UNDERLYING 1206. DES	CONTRIBUTING TO DEATH BU L Heller SCRIBE HOW INJURY OCCURR	orrhad	4-		N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Ü	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m.	Y Month, Day, Year 20d. 1	INJURY OCCURRED 20e. P	V	ome, farm, 120f. (Ci		(County	y) (Stote)
	21. I certify the olive on 1/1	at 1 attended the decease 0/59 , 19	sed from 8/19/5		2:55PM, fro		nd on the d	saw the deceased ate stated above. DATE SIGNED 1/12/59
	PHYSICIAN'S INAME (Type)	r. James E.	McLean		Cumberl	and, Md.		
220.	BURIAL, CREMATION REMOVAL (Specify) BURIAL	N, 226. DATE THEREOF I-I4-59	Hillcrest			ation (City, town, or mberland		(Stote)
	ames F.		amberland, Md		24a. REC'D BY REGIS	TRAR 24b. REGIST	Than's SIGNAT	URE NOTE A

DATE JAN 1 4 159

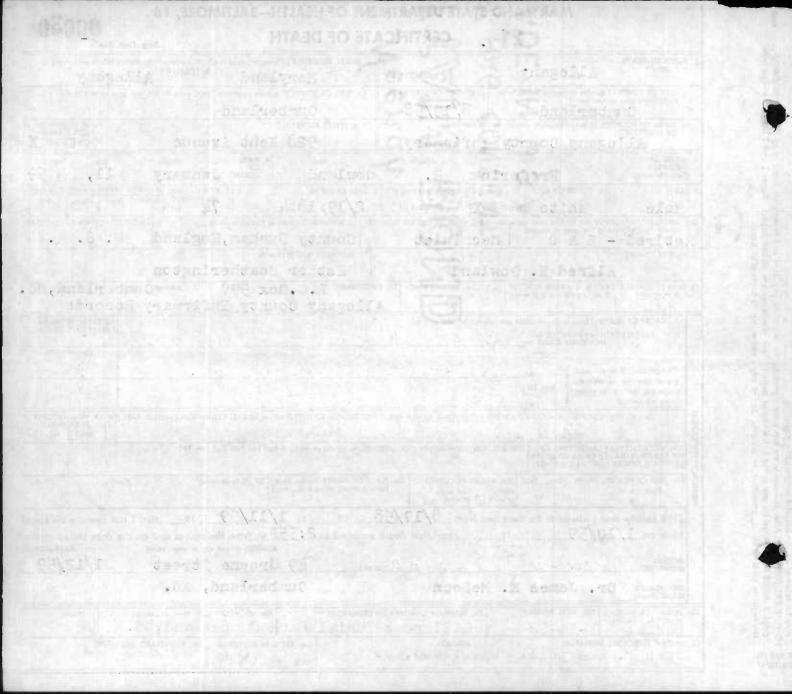
requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be placed for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shaut the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law TO FUNERAL DIRE

heral director, be filled with

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VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE HEALTH DEPT.

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sary, please files. TO DEPUTY MEDICAL EXAMINER: This certificate should be enter within 24 hours after death. If any delay is nece execute the certificate, writing the ward "pending" in pending in enter 18, Give Pages 1, 2, and 3 to the funeral direction 4 should be for the Chief Medical Examiner's Office in with form PM3. Page 5 may be retained for TO FUNERAL DIN WORK. Page 3 should be used as a burial-trans, pending. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		-						Meg. District	
1. PLACE OF DEATH o. COUNTY	A T T TOO A NOW		MARYLA		O. STATE		ed lived. If institu b. COUNT		efore admission)
	ALLEGANY				4 44	RYLAND		ALLEGA	NY
ond give nearest town (If WESTER	outside corporate limits, write NPORT	RURAL	c. LENGTH OF STAY IN	16	L3 WESTE	RNPORT		RURAL and give	neorest fown)
		f not in hos	pitol, give street oddress)		d. STREET ADDRES				e. IS RESIDENCE
0. 1103.11	,		, great and a desired,		1 201	IN ST.			YES NO
3. NAME OF	Fire	1	Middle		Lost	4. DATE	Month	Doy	Yeor
(Type or print)	PATRICK		н.	GRI	FFIN	OF DEATH	JAN	2	19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	DEVER MARRIED] 8. D	ATE OF BIRTH		9. AGE (In years last brithday)	IF UNDER TYEAT	The second secon
MALE	WHITE	WIDOWED					68 yrs.	Months Days	Hours Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (SI	tota or foreign c	ountry)	12. CITIZEN C	OF WHAT COUNTRY?
MACHINIS	g life, even if retired)	D	O DD GO		LIMORE	DITTOODE	3.000		
	4	IB d	& O RR CO.	T.		RNPORT	, MD	U.S	•A•
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	NAME			
JO	HN GRIFFI	N				ANNON		FN.	
15. WAS DECEASED EVI	ER IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO.	17. INF	DRMANT		Address	CUM	BERLAND
NO				MR	S. MARY W	INIFRE	D STEIN	ER	MD.
18. CAUSE OF DEA	TH (Enter only one cou	se per line	for (o), (b), ond (c).		11-1	/		INT	ERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	//	Drange-	4	1/11-6	11/20	515	4	nddon
11001	DUE TO	1	0,000	/	1111	11100	a f	-	1446
Conditions, if o		11/3	mandelle	,	61/Dr	13515			(2)11/1
gave rise to immed	diote cause	(1)	10116119	- 0	20161	0010			0 110
(o), stating the	underlying DUE TO								
couse tost.) (c)								
PARTINI, OTH	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH F	BUT NO	T RELATED TO THE TE	ERMINAL DISEASI	E CONDITION GIV	EN IN PART I(o)	PERFORMED?
PRIMARY OF COL CAUSE OF DEATH.	JSE WAS NTRIBUTING [] 20	b. DESCRIBE	HOW INJURY OCCURRE	D. (Ente	er noture of injury in	Part I or Part II	of item 18.)		
		*							
20c. TIME OF INJUI	RY Month, Doy, Yes				OF INJURY (Home, I		or town)	(County)	(State)
20c. TIME OF INJUING Hour o. m. p. m.	19	While of wo		racion	, and on, on the one gri				
	not I took charge	of the r	emains described	obove	, held an Auta	psy , Ir	spection 🔀	Inquiry	and in my
opinion death	resulted fram: 1	Notural o	ouses 🕅 Accide	nt 🔲	, Suicide ,	. Hamicide	. Undete	rmined manr	ner 🔲
	111 0	2016	1 1						
ACTUAL SIGNATURE	N. () c	111	Lane		M.D. CHIEF MEDICA	L EXAMINER		To	DATE SIGNED
	1 6	11/11/11	1		ASSISTANT ME	DICAL EXAMINE	R 🔘	Jun.	20
EXAMINER'S NAME (Type)	0.0/	11/1	/N/2-11		DESERTY MEDIC	AL EXAMINER	X	195	7
220. BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEMETER	Y OR CE	REMATORY	22d. LOCA	TION (City, town,	or county?	(State)
BURIAL	JAN.5/	59	ST. PETE	RS (CEMETERY	WEST	ERNPORT	MD.	
23. FUNERAL DIRECTOR	'S SIGNATURE	D 107	ADDRESS		240. R	EC'D BY REGIST	RAR 24b. REGIS	STRAR'S SIGNATI	JRE
Metre L I/I	EDLOCK, J	n Pl	EDMONT,	N.V.	A DATE	16W 5 15	a an	Chur & Kra	uA

REPORT AND PROPERTY OF MEMBERS OF PROPERTY OF STATE MERCAL SKAMINENS CERTISICATE OF DILATER

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MARY	LAND STA	ATE DEPARTMENT	OF HEALTH-BALTI	MORE, 18
1	72	CERTIFICATE	OF DEATH	Reg. D

MARYLAND	STATE DEPARTM	NENT OF HEALTH—BALT ATE OF DEATH	IMORE, 18 Reg. Dist. N	0033
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased		efore admission)
allegany	MARYLAND	. STATE Maryland	b. COUNTY Alle	ganv
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora		
RURAL and give nearest town) Frostburg	40 vrs	22Frostburg		
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Miners Hospital		d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES NO
NAME OF First	Middle	Lost 4. DATE	Month	Day Yeor
(Type or print) ANNTE	PIERO	E GRIFFTTH DEATH	1	3. 19 59
SEX 6. COLOR OR RACE 7. MAR			. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
TO WIDOW		12-21-1886	AGE (In years left UNDER 1 YE last birthday) 72 yrs.	s Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b				OF WHAT COUNTRY
during most of working life, even if retired) etired Textile Worke:				
FATHER'S NAME	L Del VOMT CZ	14. MOTHER'S MAIDEN NAME	0,	S.A.
A. Beryl Pierce	SOCIAL SECURITY NO. 17.	Rae	A LL Um a di	Thursday Ma
es, no, or unknown (If yes, give war or dates of service)				tburg, Md
No None	٢٠١	oyd G. Griffith,	13 Bealls L	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse last. (c)	y farting	cive C-V de	siasi	10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0	PERFORMED? YES NO TO
OR CONTRIBUTING A CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED. (Enternoture of injury in Port I or Port I	of item 18.)	
Hour o. m. While		ACE OF INJURY (Home, form, 20f. (City of sclory, street, office bldg., etc.)	r fown) (Coun	(State)
21. I certify that I ottended the decea	sed from 1/2	1959, to 1/3	19 9 9, that I last	saw the deceose
alive on 1/3 19	101	occurred at 8 15 M. from	the couses and on the o	
110 4	. 11		et, city or town, state)	DATE SIGN
ACTUAL SIGNATURE	chl,	M.D. 39 W. Ma	in ST	1/4/
PHYSICIAN'S HICIDIE	AL, MID	· Frontto	ng, Ind.	
REMOVAL (Specify) Burial 1-5-1959	22c. NAME OF CEMETERY C		ON (Gity town, or county)	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE Hafer	TO ADDRESS TO		ostburg	TURE
21 0 0 7/11 1 119101		10		
Bulak H. Minleson E.	Main, Frost	burg, Md BATEJAN 7 '59	anthung & H.	12 A

THE CERTIFICATE OF DEATH 1 1 1 THE STATE OF LINE A MARINE STATE OF THE PROPERTY OF STATE OF The s Settled Control of the Set of the Set M

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TO HOSPITAL OR

VS A15 (4) 15M 10/57

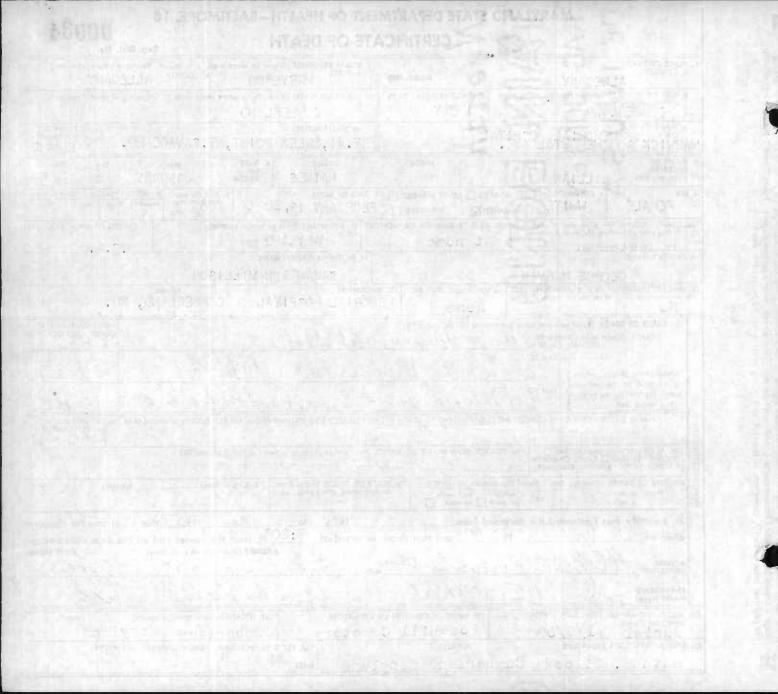
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 22

00034

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	LLEGANY	MARYLANI	a STATE	MARYL		lived. If institution b. COUNTY	ALLEG		ssion)
b. CITY OR TOWN RURAL and give CUMBER	I (If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 1		TOWN (IF O		ote limits, write R	URAL ond give	nearest tow	m)
d. NAME OF HOS OR INSTITUTION WARWICK AN	MEMORIAL HOSPITAL	AL AL	RT.#I		POINT,	MT.SAVA	GE RD.	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First LILLIAN	Middle M		INES	4. DATE OF DEATH	Mon JA NI	" JARY	Doy 6	Yeor 19 59
FEMALE	6. COLOR OR RACE 7. MAR WHITE WIDOW		LEEDDILL DI			9. AGE (In years Ide Birthday)	Months Do		ER 24 HRS. Min.
Oa. USUAL OCCUPA during most of w Housek 3. FATHER'S NAME	TION (Give kind of work done looking life, even if retired)	. KIND OF BUSINESS OR IN At home	The second second second	ARYLAN	VD O	untry)	12. CITIZE	A.	COUNTRY
C	SEORGE MARVIN				IN WILL	ISON			
	VER IN U. S. ARMED FORCES?		MEMORIAL I			CUMBERLA		•	
Canditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	rfenosifei	goeardi pofic (BUT NOT RELATED TO	ardes	wase	ulas Di CONDITION GIV	Secret 16	PERF	AUTOPSY ORMED?
20g. ACCIDENT V	WAS UNDERLYING 206. DES	CRIBE HOW INJURY OCCUR	RRED. (Enter nature c	of injury in F	Part I or Part	II of item 18.)		YES	NO
20c. TIME OF INJI Hour a. m p. m	. While	Not while	PLACE OF INITIRY of factory, street, office	Home, form e bldg., etc.	20f (City	or town)	(Cour	nty)	(Stote)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the decea Let 19 Delvers SG WEI	-6	th accurred at.	7:20 G.	PM, fram	the causes a cet, city or town,	nd an the	date stat	decease ed abov ATE SIGNE
20. BURIAL, CREMAT REMOVAL (Specif Burial		22c. NAME OF CEMETERY ROSEHILL	OR CREMATORY Cemeter	y		on (City, town, o	Maryl	(Sto	te)
3. FUNERAL DIRECTO		ADDRESS		24a. REC'E	BY REGISTR	AR 24b. REGIS	TRAR'S SIGNA		
Ruth E	. Silcox Cum	berland Mar	basiv	DATE JA	111 0	-	1 4. 1	- Selection	



73	CERTIFICATE	OF	DEATH

Reg. Dist. No. 00035

1. PLACE OF DEATH c. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Mg. STATE	Vhere deceased	lived. If institution b, COUNTY		
b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest tawn) Westernport		c. CITY OR TOWN (IF		ate limits, write RI	URAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION 27 Main	15 Yrs e street address)	d. STREET ADDRESS	1			IS RESIDENCE ON A FARM? YES NO-
3. NAME OF First DECEASED (Type or print) Mary	Middle Florence	Lost Harris	4. DATE OF DEATH	Jan. 17	th D	y Year 1950
AND THE STATE OF T	7. MARRIED NEVER MARRIED NIVORCED DIVORCED	8. DATE OF BIRTH Sept. 4, 187		9. AGE (In years lost birthday) 82 yrs.	Manths Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) HOUSE WITE	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stor	le ar fareign co	untry)	U.S.	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN				•
William H. Murphy			ia Eller	Murphy		
15. WAS DECEASED EVER IN U. S. ARMED FORCI (Yes, no. or unknown) (If yes, give wor or dates of serv		INFORMANT		Addr	-	
ICATIO	Renal Diek	T NOT RELATED TO THE TERA		CONDITION GIV		19. WAS AUTOPSY PERFORMED? YES NO
20o. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PL	D. (Enter noture of injury in ACE OF INJURY (Hame, far			(County) (Stote)
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19	While Nat while of work at wark	ictory, street, affice bldg., e	tc.)	or rown,	(County) (3101e)
21. I certify that I attended the calive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Deceased from, and that death		M, from		ind on the do	
220. BURIAL CREMATION, 22b. DATE THEREOF BREMOYAL (Specify) Jan. 20,5		DR CREMATORY		ION (City, town, o		(State) Md.
23. FUNDRAL DIRECTOR'S SIGNATURE	ADDRESS Westernport, N		OBA REGISTA		SIRARIS SPENATA	

may be retained by the haspital ar attending physician.

O FUNERAL DIR COR: After this certificate has been signed by the attending physician and campletely filled in by merel director, page 3 should the described for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIR/ page 3 should to VS A15 (4) 15M 9/55

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MARTLAND 93	CERTIFICA		et	00036 Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	h COUNTY	on: Residence before admission) Allegany
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) La Vale	6 months	c. CITY OR TOWN (IF o	utside corporote limits, write RI	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Country Club Ro	7	d. STREET ADDRESS Country	Club Road	e. IS RESIDEN ON A FARM YES NO
3. NAME OF First DECEASED (Type or print) GEORGE J	Middle OSEPH HAR	Los: TMAN	4. DATE Mon OF DEATH January	
Male White widow		8. DATE OF BIRTH June 23,191	9. AGE (In years lost birthdoy) 41 yrs.	Months Days Hours M
100	KIND OF BUSINESS OR INDU	olies Pe	enna	USA
George W. Hartma	n	Mary F	eilly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Yes If yes, give wor or dates of service) Yes WW 2	SOCIAL SECURITY NO. 17. 1 61 14 7345	nformant Dorothy Har	tman La	Vale, Ma.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4. 20, DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause last. (c)	henary	Threet	osés	INTERVAL BETWEE
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT			YEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO
2	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.	20f. (City or town)	(County) (S
21. I certify that I attended the decease alive on		Cumberland	ADDRESS (Street, city or town, R. L. B. MATHE)	or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS erland, Md.		BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be a carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

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may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR R: After this certificate has been signed by the attending physician and campletely filled in by the force director of the complete of the comple	the hasp	pital ar a	ntificate	g physic	cian. en sign	ed by	the att	ending	physic	an and	compl	etely fil	ed in	by th	unerd	direc
age 3 shauld be	buriol	for use a	as the bi	urial-tra	ansit pe	rmit.	Then F	oleose r	emove	carbon	papers	. Page	l and	12 3	nd be	filed

ARYLAND STA	TE DEPARTMENT	OF HEALTH—BALTIMORE,	18	00037
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23	CERTIFICATE OF DEATH
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b. CITY OR TOWN (If outside corporate limits, write RUPAL or STAY IN 1b C. CITY OR TOWN (If outside corporate limits of RUPAL ond give negres frown) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 3. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 5. SEX 6. COLOR OR RACE WIDOWED 100. USUAL OCCUPATION (Give kind of work done) OLUPIAL OCCUPATION (Give kind o	COUNTY (III)
ANAME OF HOSPITAL (IF not in hospital, give street oddress) OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY) Oddress Description 13. FATHER'S, NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Type, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Type, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per line-for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	they wy
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Outing most of working life, even if religion 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (17 yes, give wor or dotes of tervice) 18. CAUSE OF DEATH [Enter only one cause per line-for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	write RURAL and give searest toyn)
DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY) 110. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY) 111. FATHER'S, NAME 112. WAS DECEASED EVER IN U. S. ARMED FORCES? 113. FATHER'S, NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT 118. CAUSE OF DEATH [Enter only one cause per line-for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	e. IS RESIDENCE ON A FARM? YES NO P
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 13. FATHER'S, NAME 13. FATHER'S, NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 2 14 - 05 - 50 cm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Month Day Year 1959
13. FATHER'S NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per line-for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	In years IF UNDER 1 YEAR IF UNDER 24 HRS. Thdoy) Wonths Days Hours Min.
1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 214-05-5004 Mrs. Louis M. 18. CAUSE OF DEATH [Enter only one cause per line-for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	MS 12. CITIZEN OF WHAT COUNTRY?
18. CAUSE OF DEATH [Enter only one cause per line-for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	miller.
PART I. DEATH WAS CAUSED BY:	Hartung Cumb M.S.
MINISTRATE CAUSE (0)	INTERVAL BETWEEN ONSET AND DEATH ALLACIAN
Conditions, if ony, which gove rise to immediate coese (a), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH UP EITHER, NOTIFY MEDICAL EXAMINER	ION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	18.}
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While of work of twork of two twork of two	(County) (State)
21. I certify that I attended the deceased from M Asl 19 848 Many	19,that I last saw the deceased
alive an, and that death occurred atM, from the co	ouses and an the date stated above. or town, Note) DAJE SIGNED
SIGNATURE M.D. ELLINGS	Many 177/39
PHYSICIAN'S NAME (Type)	/
220. BURIAL CREMATION, 226. DAJE THEREOF 220 NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City Survey) 1/10/59 S. Feller & Paul Cem. Lum	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D 8Y REGISTRAR 24	, town, or county) (Stote)

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Company of the last t		TO FUNERAL DIRECTAR: After this certificate has been signed by the attending physician and campletely filled in by the earl dire	page 3 should be used for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shound be filed	
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VS A15 (4) 15M 10/57

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	keg. Dist. 140.
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
ALLEGANY	MARYLAND ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
RURAL and give nearest town) CUMBERLAND 4HRS 57 MINS	CUMBERLAND
d. NAME OF HOSPITAL (If not in hospital, give street address)	
OR INSTITUTIONME MORIAL HORPITAL.	dystreet address 704 GEPHART DRIVE e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) DADY DOV	Lost 4. DATE Month Day Year OF DEATH LANGARY 21 10 50
DACT DOT	THELEANT OANOANT ET 17 JA
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MALE WHITE WIDOWED DIVORCED	last birthdoy) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
none none	CUMBERLAND, MARYLAND U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RUSSELL H. HILLEARY JR	ROSE ANN WILLISON
	7. INFORMANT Address
no (If yes, give wor or dotes of service) none	MEMORAAL HOSPITAL CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one couse per life for (o), (b), and the PART I, DEATH WAS CAUSED BY:	ous laber allow 2 kg interval Between onset and Beath
IMMEDIATE CAUSE (o)	17 17 17 17
/ 6 / , O DUE TO	
Canditions, if any, which (b)	
gave rise to immediate cause (a), stating the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TATE OF THE PARTY	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Port I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	
	PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State
Hour a. m. While _ Nat while _	PLACE OF INJURY (Home, form, † 20f. (City or lown) (County) (State factory, street, affice bldg., etc.)
p. m. 19 at work at work	Ol Del
21. I certify that I attended the deceased from	19 7, to 19 1, that I last saw the decease
alive on 19 58 and that de	oth occurred at 315 LM, from the causes and on the date stated abo
	ADDRESS (Street, city or lower, state)
actual Will over the eggs	· me 1/24/-
SIGNATURE	m.v.
PHYSICIAN'S W. Royce Hodges	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 1-26-1959 Hillcrest	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	- IZTI O 7 :
James F. Scarpelli, Cumberland.	Md DATE AN 2 1 59 Cithy & thouse

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5. SEX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany Maryland b. COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Mt. Savage life Mt. Savage d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION ON A FARM? YES NO IN 3. NAME OF First 4. DATE DECEASED EDWARD OF DEATH CHARLES HINER January (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost buthday) white male WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Retired boiler maker Maryland U. S. A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Hiner Mary Ann Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wm. H. Hiner, Mt. Savage, Md. 18. CAUSE OF DEATH [Enter only ane cause per line for (o), (b), and (c).] INTERVAL BETWEEN QNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ Acute Left Ventricular Failure l hr. DUE TO Myocardial Fibrosis: Left Bundle Branch Block Conditions, if ony, which 1 mear ? gove rise to immediate DUE TO couse (o), stoting the underlying couse last. Coronary Arteriosclerosis year PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 12. WAS AUTOPSY PERFORMED? Chronic Lymphatic Leukemia YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o.m. While Not while of work of work p. m.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21. I certify that I attended the deceased from February 12 19. 58, to January 10 1959, that I last saw the deceased alive an December 30 , 19 58 , and that death occurred at 5:452 M, fram the causes and an the date stated above.

ADDRESS (Street, city or town, stote) SIGNATURE 50 Pershing St..

PHYSICIAN'S S. B. Jacobson, M. D. NAME (Type) Cumberland, Md.

220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 1959 St. Patrick's Cemetery. Mt. Savage. Md

23. FUNERAL DIRECTOR'S SIGNATURE J. R. Durst.

Frostburg, Md.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Frank

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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12	CEDTIEICATE	OF DEATH
25	CERTIFICATE	OF DEATH

1. PLACE OF DEATH o. COUNTY ALLE	GANY		MARY	LAND	2. USUAL RESIDENCE O. STATE MARYLA		ed lived. If institut b. COUNTY			nission)
RURAL ond give ne	RLAND		c. LENGTH OF STAY			N (If outside corp	porote limits, write l	RURAL ond g	ive nearest to	own)
d. NAME OF HOSPIT OR INSTITUTION MEMORIAL	MEMORIAL WARWICK	HUSE	'IIAL		d. STREET ADDRE	AING AVI	ENUE	9	ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Fi	MARY	Middle		HORWATH	4. DATE OF DEAT	Moi		Day 20	Yeor 1959
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIE	_	8. DATE OF BIRTH DECEMBER	9-1894	9. AGE (In years lest birthdoy) 64 yrs.		Days Hou	
House	ing life, even if retired	done 10b.	Own Home		POLAN	0	country)		ZEN OF WH	AT COUNTRY
13. FATHER'S NAME	DONALD M	UDRA			14. MOTHER'S MAII	unkno	, Tam			
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR It yes, give war or dates of s	CES? 16.	social security no	. 17. 19	MEMORIAL	HOSPITAL	Add	Iress	MARYLA	ND
PART I. DEAS 33/X Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO ty, which nmediate the under- (c)) 2	Lyfu	t	usen	Haen		•	INTERVAL ONSET AN	y s
CATI	S UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY OF					PART	PER	S AUTOPSY FORMED?
	CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yes		NJURY OCCURRED Not while	20e. PL/	CE OF INJURY (Home tory, street, office bldg	form, 20f. (Ci		(Ca	ounty)	(Stote)
ACTUAL SIGNATURE	en I attended the	J2	nred		, 19 <u>5</u> 8, to occurred at 2 ; ∧D 236 V4	LOP_M, fro		and on the		
220. BURIAL, CREMATION REMOVAL (Specify) BULLAT	1-24-59	F	St. Mary		Cemetery	-	TION (City, town,			ole)
23. FUNERAL DIRECTOR'S		i . C11	ADDRESS	100	240.	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGI		

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POTRICE STANDARDS		Hartman Hart Av	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital ar attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be practicated for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shother registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO FUNERAL DIRE

VS A15 (4) 15M 10/57

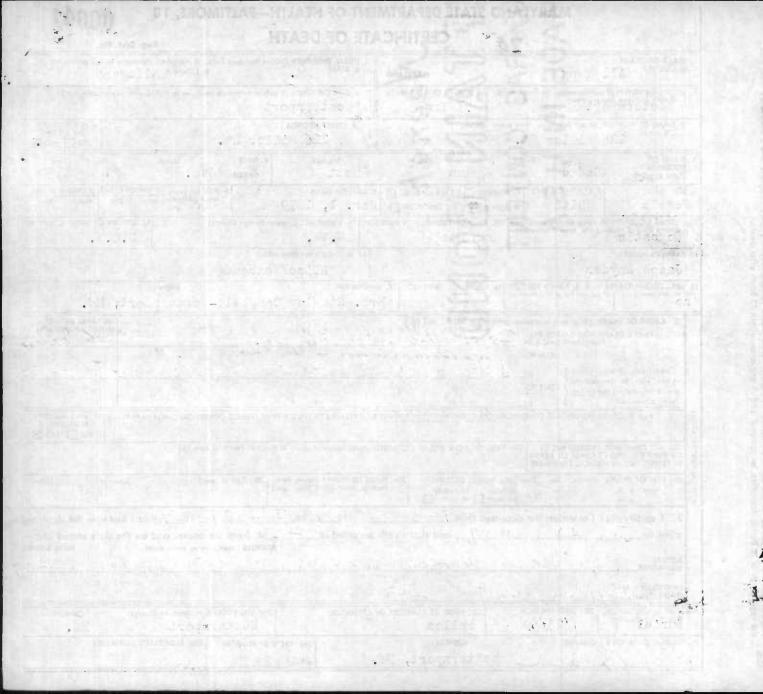
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEA

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		74	CERTI	FICAT	E OF D	EATH	1		Reg. D	ist. No.		8
1, PLACE OF DEATH o. COUNTY A1	legany		MARY	- 1		Md.	ere deceased	lived. If institution b. COUNTY	Alle	nce befor	e admiss	ion)
b. CITY OR TOWN (I	f outside corporate limi carest town)	ts, write c	. LENGTH OF STAY	IN 1b	c. CITY OR TO			ote limits, write R	URAL ond	give nea	rest towr	1)
OR INSTITUTION	AL (If not in hospital, of Miller S		dress)	1	d. STREET AC		ler St			1		FARM?
NAME OF DECEASED (Type or print)	Sadie	15	Ann Middle		Hott Lost		4. DATE OF DEATH	Jan. Mon	th	21		Year 1959
SEX Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIE		onte of Birth			9. AGE (In years lost bythdoy) yrs.	Months	Doys	Hours	Min.
during most of world Domestic	ON (Give kind of wark king life, even if retired	done 10b. Kir OW:	nd of Business of	R INDUSTRY	W. Va		ar foreign co	untry)		S.A		COUNTR
. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME					
Jacob Sny	der				Al	ice R	exroad	1				
5. WAS DECEASED EVE			CIAL SECURITY NO.	17. INFO	RMANT			Add	ress			
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)	16-09-332	Mrs	. Stan	lev C	amnhel	1-Wester	nnor	t. M	d.	
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Cer	for (o), (b), and (c).	1	ar Ac	cid	ent				RVAL BE	TWEEN
Conditions, if o gove rise to i couse (a), stating lying couse lost.	ny, which) (b	Ar	teriosci	lerot	tic H	least	D. 5 Mg	se + H/1	De-Te	n., s	- }	EAT
PART II. OTH	IER SIGNIFICANT CON	DITIONS COL	NTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 15	PERFO	AUTOPSY PRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY O	CCURRED. (E	Enter nature af	injury in F	ort I or Port	Il of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d, INJU While of work [URY OCCURRED Not while of work		OF INJURY IH			or tawn)		(County)		(State)
21. I certify th	at I attended the	deceased	fram 1-15		1959	. ta : T	an =	1, 1959	that I	last sa	w the	deceas
alive an .Ta	n 20.	. 19 5		death or				the causes o				
	. 201.		1	4			ADDRESS (Str	eet, city or town,	stote)	c aai		ATE SIGN
ACTUAL SIGNATURE	Millia	2m (N. Lead	4 40	841	Jain	51 U	Jostern p	1-T/	71	1.	22
PHYSICIAN'S NAME (Type)	Ilram 1	Nalt	ter Le	== 4	· Lagradad	_ = 1 1 1 1 1	** *** + *					
PENDYAL Specify)	1/23/59		Philos	TERY OR CI	REMATORY			ION (City, town, cornport	or county)		(Stot	
3. FUNERAL DIRECTOR	S SIGNATURE	7	ADDRESS	17.		24a. REC'I	BY REGISTI		STRAR'S S	IGNATUR	E	
BY.	max	Wes	sternport,	Md.		DATEAN	2 6 '59	Cath	P	4.		



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CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany Maryland b. COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland. Cumberland d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS 609 Piedmont Ave.. ON A FARMS 609 Piedmont Ave. YES NO 3. NAME OF First Middle 4. DATE Day Howard Allan Johnson (Type or print) Jan. 59 DEATH 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Male White Days Dec. 23, 1893 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bar Tender Martinsburg. W. Va. Tavern U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert R. Johnson Ettie S. Harman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 214-07-6270 No Mrs. Ada P. Johnson 609 Piedmont Ave., Cumb. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSAT AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. m factory, street, affice bldg., etc.) Not while n m ot work ot work 21. I certify that I attended the deceased from . 19 59 that I last saw the deceased and that death accurred at 6600 M, from the causes and an the date stated above DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S W. F. Williams 122 So. Centre St. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote REMOVAL (Specify) Cumberland, Md. Greenmount Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Maryland DATE AN 1 5 '59

10 VS A15 (4) 15M 10/57

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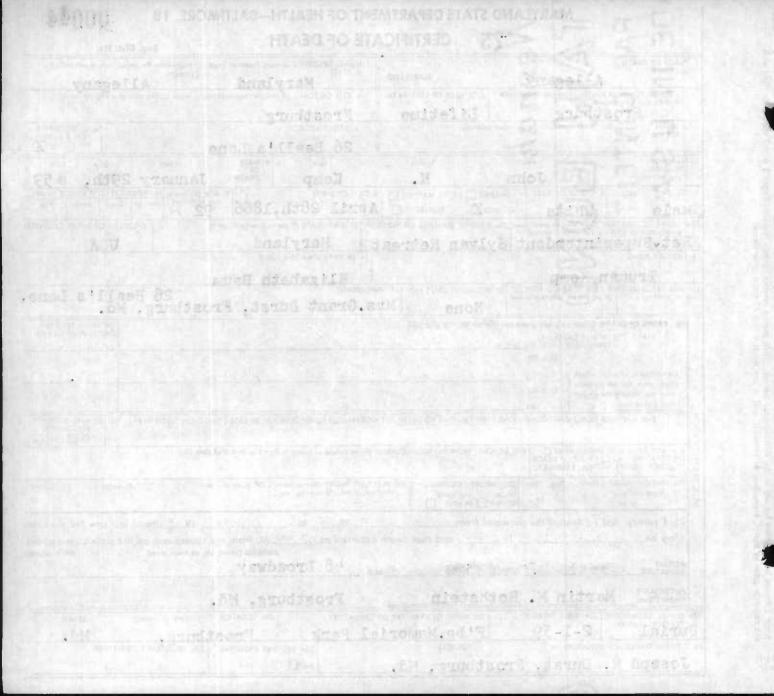
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CEPTIFICATE OF DEATH

		10	OFKILLO	AIL OI DE			Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	a. STATE	NCE (Where decease	ed lived. If institution b. COUNTY	n: Residence befor	
RURAL and give no	f outside corporate limits, earest tawn) Stburg		GTH OF STAY IN 16	c. CITY OR TOV		orote limits, write RL		
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, give	street address)		d. STREET ADD		ane		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Joh	n	Middle H •	Lost Kemp	4. DATE OF	Mant	0011	
S. SEX	6. COLOR OR RACE 7.			8. DATE OF BIRTH		Dallus	IF UNDER 1 YEAR	
Male	White w	/IDOWED X	DIVORCED	April 28	3th, 1866	92 yrs.	Months Days	Haurs Min.
auring most of worl	ON (Give kind of work danking life, even if retired) Pintendent	13421 111117			E (State or fareign : Cyland	country)	12. CITIZEN O	F WHAT COUNT
3. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
Trums	n Kemp			E112	abeth Ba	211m		
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCE		SECURITY NO. 17.	INFORMANT	ane un De	Addy	& Reall	's Lan
The rest of strains and	in yes, give war or dates or servi	No	ne M	rs.Grant	Durst,	Frostbu	rg. Md.	, a nan
18. CAUSE OF DEA	TH [Enter only one cause	per line for (o	i), (b), and (c).]				INTE	RVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Class	ural &	Emma	201		ONSI	ET AND DEATH
420.0			100		9		0	bet to De 1
Conditions, if a	man Atab V	(71) 9	Prema Con	STOR	101.71	alices.		171 (1m 0
gave rise to i	mmediate (0000	Live de Co i	c with /	The state of the s	co e Re		16-5
cause (o), stating	the under-							Comment of
lying cause last.) (c)_	LIONIS CONTRIB	UTING TO DEATH BY	V 1107 PC1 1750 TO T				
NAME III. OTH	HER SIGNIFICANT CONDIT	HONS CONTRIB	UTING TO DEATH BU	IT NOT RELATED TO TH	SE TERMINAL DISEA	SE CONDITION GIVE	EN IN PART I(o) 19	PERFORMED? YES NO 5
PART II. OTH	S UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature of in	ijury in Part I ar Pa	rt II af item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month Day, Year			PLACE OF INJURY (Har actory, street, affice bl		y or town)	(County)	(Stat
21. I certify th	at I attended the de	eceased fro	m	, 19.50	ta 1/2	9 1959	that I last sa	w the decea
alive an	1/39	1959	and that deat	h accurred at 1		/		
	11/2/	000	/	accorded acig		Street, city or town, s		DATE SIG
ACTUAL SIGNATURE	matura	otto se	15: in 4.60	48 B	roadway			
SIGNATURE				_ M.D				
PHYSICIAN'S NAME (Type)	Martin M.	Rothst	tein M.D.	Fros	tburg.	Md.		
20. BURIAL CREMATIO	N. 22b. DATE THEREOF		NAME OF CEMETERY			TION (City, town, o	r county)	(State)
Burial Specify)	2-1-59		bg.Memor				//	Md.
3. FUNERAL DIRECTOR			DDRESS		lo. REC'D BY REGIS	ostburg	TRAR'S SIGNATURE	
Joseph R	Dunet I						7 & Kraug	112111
a asabit I	. Durst, F	TOSCO	urg. Ma.	D	MEB 2 '59	Ciribu	7 D. MANA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECTORES PAGE 3 should be VS A1S (4) 1SM 10/S7



VS A15 (4) 15M 10/57

ARYLAND S	TATE D	EPARTME!	NT OF	HEALTH—BALTIMORE,	18
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76 CERTIFICATE OF DEATH

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1.	PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	II O. STATE	There deceased lived. If institute b. COUNTY	tion: Residence before admission) Allegany
	b. CITY OR TOWN (III	f outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate limits, write l	RURAL and give nearest town)
			Lifetime	22 Fros	tburg,	
	d. NAME OF HOSPIT	thurg AL (If not in haspital, give s	treet address)	d. STREET ADDRESS		e. IS RESIDENCE
		ter - W. Mai	n Street	Hotel Gu	nter. W. Mai	ON A FARM?
3.	NAME OF	First	Middle	Last	4. DATE Mai	
	(Type or print)	Willia	1.	Kemp	DEATH Januar	y 25th, 19 59
5.	Male		MARRIED NEVER MARRIED DOWED DIVORCED	Jan. 26th	9. AGE (In years lost birthday) 87 yrs.	Months Days Hours Min
10	. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR IND			12. CITIZEN OF WHAT COUNTE
	Ret. Jan	ing life, even if retired)	Gunter Hotel	Maryl	and	USA
	FATHER'S NAME			14. MOTHER'S MAIDEN		JUA
	Truman	Kemp		Elizabe	th Baum	
	WAS DECEASED EVER	R IN U. S. ARMED FORCES?		INFORMANT		dress
("	as, no, or unknown)	(If yes, give war or dates of service)	212-18-1457 1	Earl Kemp, G	unter Hotel.	Frostburg, Md.
		TH [Enter only one cause p TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line for (o), (b), and (c).]	cleratic		INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ar gave rise to in cause (a), stating t	ny, which (b)	Cardeo	Vascula	n discour	e 10 geer
	lying cause last.	(c)				
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CONDITIC	Semility	T NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	, w	Od. INJURY OCCURRED 20e. P /hile Nat while 1 work at wark	LACE OF INJURY (Home, for actory, street, office bldg., el	m, 20f. (City or town)	(County) (State
	21. I certify the alive an	at I attended the dec		, 1950, to h accurred at 5 (3 a	PM, fram the causes of ADDRESS (Street, city or town,	Z,,that I last saw the deceas and an the date stated above, state) // DATE SIGN
	PHYSICIAN'S H		, M.D.		n St., Frost	tburg, Md.
220	BURIAL CREMATION BURIAL (Specify)	1-28-59	F bg . Memor	ial Park	22d. LOCATION (City, town, Frostburg	
23.	FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATURE
	Joseph F	R. Durst, F	rostburg, Md.	DATE	AN 2 9 '59 -	would S. Thank

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bel , Prostburg, Md.	of wedness quez la	212-18-11-57 8	
Postbory, M1.	39 W. 1811 at.,	.0.24	CHARLES H. O. Diens
.bu	Jagri Liumi Lis	icome	Paula Interna
		.bu .s mdanor	Joseph R. Durst, F

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00047

28 CERTIFICATE OF DEATH

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Reg.	Dies	No
wen.	W131.	440.

							- B 110.		
1, PLACE OF DEATH a. COUNTY	ALLEGANY		MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived AND	tf institution:	Residence before	re admissia Y	an)
RURAL ond give	CUMBERLAND	9 0	AYS	c. CITY OR TOWN (IF		nils, write RURA	AL and give neo	rest town)	
d. NAME OF HOSP OR INSTITUTION MEMORIAL	ITAL (If not in hospitol, giv MEMOR I AL AND WARWICK	HOSPITAL AVES		d. STREET ADDRESS / 204 G	RAND AVEN	NUE		e. IS RESID	FARM3
3. NAME OF DECEASED (Type ar print)	First A L ON	IZO	Middle E	KESECKER	4. DATE OF DEATH	Month JANU	JARY	77 Ye	eor 9 59
S. SEX MALE	6. COLOR OR RACE WHITE		MARRIED	8. DATE OF BIRTH AUGUST 18			UNDER 1 YEAR anths Days	IF UNDER Hours	R 24 HRS. Min.
10a. USUAL OCCUPAT during coast of wa Retired 13. FATHER'S NAME	ION (Give kind of wark do rking life, even if retired) Trainman	Railr		JSTRY 11. BIRTHPLACE (State BERKELE 14. MOTHER'S MAIDEN N	Y SPRINGS		12. CITIZEN O		OUNTRY
	ACOB KESECH	KER .			NE BECK				
15. WAS DECEASED EV [Yes, no. or unknown]	ER IN U. S. ARMED FORCI (If yes, give wor or dates of serv			INFORMANT IEMORIAL HOSPI		CUMBERI	AND, MI	0.	
540, 1 Canditians, if a gave rise to cause (a), stating lying cause lost.	immediate DUE TO (c)_	Series anter Jerist Tions Contributing	ris.	quetrue. Perenne I NOT RELATED TO THE TERMIN	INAL DISEASE CON	DITION GIVEN	ζ,		ong agree
CAT				D. (Enter nature of injury in				PERFOR/ YES	MED?
~	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year	20d. INJURY OCCUR While Not while of wark at work	RED 20e. PI	ACE OF INJURY IHome, form	, 20f. (City or tow		(County)		(Stote)
21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DONALD B. 0	, 19 <u>5 9</u> , and		n occurred at 8:0	2M, fram the ADDRESS (Street, ci	causes and ty or tawn, stat	an the dat	e stated	deceased dabave. re signed
220. BURIAL, CREMATIC REMOVAL (Specify Burial	22b. DATE THEREOF			OR CREMATORY Cemetery	Near N	lartins		(State)	
23. FUNERAL DIRECTOR		ADDRESS		24a. REC*	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATUR	E	
James F	. Scarpell	I, Cumper 1	Letila , MC	DATE &	MIL				

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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 29 CERTIFICATE OF DEATH

00048

									Mag. Dist	1. 140.	
1. PLACE OF DEATH					2. USUAL RESI	DENCE (WI	nere decease	b. COUNT		e before o	dmission)
Allegan	V		MAR	YLAND	Ma	rvlan	d	B. CO 0141	Alleg	anv	
b. CITY OR TOWN	(If outside corporate limited test town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	outside corpo	rote limits, write			town)
Cumberl			24 Ho	urs	000	Cumbe	rland	St. Letter			
	TAL (If not in hospital, g		address)	191	d. STREET A	DDRESS					RESIDENCE
Sacred	Heart Hospi	tal			8 Broa	dway	Circle	3		YE	S NO
3. NAME OF DECEASED (Type or print)	Thomas	rst	Middle	9	Kevser	†	4. DATE OF DEATH	M-	onlh	Day	Yeor 1950
5. SEX	6. COLOR OR RACE	7. MARI	RIED TO NEVER MARR	IED 🗔	B. DATE OF BIRT	Н		9. AGE (In year	IF UNDER	YEAR IF	JNDER 24 HRS.
24.7		WIDOW			2-19-8		384	7), yr	Months [Days He	ours Min.
Male	White					47		4		7511 05 14	
during most of wor	ON (Give kind of work rking life, even if retired)		JK INDU					12. CITI2	ZEN OF W	HAT COUNTRY
	. Brakeman	2	Railroad	11			Ing	nam Pag	zel i	ARE U	S.A
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME				
Willi		zer			Sarah	ı F.	Lu	cas			
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17. 1	INFORMANT			Ad	ldress		
No	(17,51)		705-07-95	566	Rena I	Keyse	er 8 :	Broadwa	ly Cir	cle	
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne far (o), (b), and (c)	1						INTERVA	AND DEATH
PART 1. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	. 10	Deino F	-111	11/20					Oldsel	alle
11500	DUE TO		carry,	3	/	20 X	10	6			
40000		1	hoT Fa	000		01/6	1 >1	Cuosi.	2	4,	4. 4 . 1
Conditions, if a		1-17	eags / u	Ku	1	ZALO	Mila	eiffere	celly	10	ceour
couse (a), stoting		1	1. 80	Co	0-0	0	1	64	140.		unch.
lying couse lost.		1 7	Terrose	C. A.	A COTES	-14	rece	conce 1	TIMA	anal	- County
PART II. OT	HER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	INAL DISEAS	E CONDITION G	IVEN IN PART	P	VAS AUTOPSY ERFORMED?
	AS UNDERLYING [20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature o	f injury in	Part I or Par	1 11 of item 18.)			
OR CONTRIBUTING	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)										
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e. Pi	ACE OF INJURY	Home, farm	, 20f. (City	or town)	{C	ounty)	(State)
Hour o. m.	19	While	Not while	10	clory, street, office	bldg., eic	1	-	1000		
₹ p. m.		Jor wor	x [] 01 #01x []				1	Y	Colina	000	uana
21. I certify t	hat I attended the	deceas	ed from		1949	, to	1-1-7	194	that I k	ast saw	the decease:
alive an	(19	, 19_	59, and that	t death	accurred at	104	M, fran	n the causes	and an th	e date :	stated above
	100		/		/	/		treet, city or town			DATE SIGNE
ACTUAL	LAOIXOL.	111	111			5	9/1	400111	255	-	1101
SIGNATURE	Car v dru	400			M.D	magada	1	recei			
PHYSICIAN'S NAME (Type)	59	U	IE154	AI		4	un	pede	end	le	E /
220. BURIAL, CREMATIC)F	22c. NAME OF CEM	AETERY C	R CREMATORY		22d. LOCA	TION (City, town	, or county		(Stote)
BUT 13 Specify	' I-I2-59		Mt. Ple	sen'	t Cem.		Cumb	erland	, Md .		
23. FUNERAL DIRECTOR	C CIGALATURE -	7: 0				240 050	D BY REGIST		GISTRAR'S SIG	NATURE	
James I	Scarpel	ÍI (umberian	a, Mo	d.						
cemes 9	searfell					DATEAN	1 3 '59	Ciri	Chur S. 40	wast.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the haspital or attending physician.

TO FUNERAL DIRF.

R: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld by ecoched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hydrs after death. VS A15 (4) 1SM 10/57

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			Table objects beauty	
n s \$				
STATE OF STREET				
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VS A15 (4) 15M 9/55 I

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

Q5 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY A	llegany		MARYLAND	2. USUAL RESI	rylan	ere deceased liv	ed. If institution b. COUNTY	A L L	ence befor	re admiss	ion)
b. CITY OR TOWN RURAL and give Rural			c. LENGTH OF STAY IN 16	c. CITY OR		wson,		URAL and	give nea	irest town	.)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, o	jive street	oddress)	d. STREET A	DDRESS	Highw					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Rella		Middle Rebeccah	Kimble	t	4. DATE OF DEATH J	Mon	Ph .	Do 1 2		Yeor 1959
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED	8. DATE OF BIRT			AGE (In years ast birthday)	IF UNDE Months	R 1 YEAR Days	Hours	R 24 HPS. Min.
10a. USUAL OCCUPAT during most of wo Housew	rking life, even if retired)	KIND OF BUSINESS OR INDU Home		Virg	inia	(7)		J.S.		COUNTRY
	el Van Mete	er			ah Ki						
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Rimil	fle	Add Daws		Md.		
Conditions, if gave rise to couse (a), stoling lying couse lost PART II. O'	ther SIGNIFICANT CON	DITIONS C	Contributing to death but relition negligible.	to chow	2			'EN IN PA	12	PERFO	us.
	JRY Month, Day, Ye		Not while fo	ED. (Enler noture of LACE OF INJURY (actory, street, office	Hame, farm,	20f. (City or			(County)		(State)
21. I certify is alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	1 10	76	ed from		25		ne causes o	and an		te state	
22a. BURIAL, CREMATI	ON, 226. DATE THEREO		22c. NAME OF CEMETERY C			22d. LOCATION			Mary	(Stot lanc	
23. FUNERAL DIRECTO	1. Roting	6	ADDRESS Keyser, W.	Va.	240. REGIC DATE	Max reality	24b. REGI	STRAR'S S	IGNATUR Trav	RE .A.	

E-2010				
off hat and	E OF DEATH		35	
,				- M.M.
			- was in the	
• •		Although the		
			State State	and proceeding
Secretary of the Control of the Cont				

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Allegany

18

(County)

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

2 days

PERFORMED? YES NO S

(Stote)

DATE SIGNED

(Stote)

e. IS RESIDENCE

ON A FARM?

YES NO

19

15M 10/57

all list and		ADILINIST TO	
	tinuterali	maker (C)	Anage IIA
	The state of the		amiltant .
	a compay ox		Pat Lakon a man'ni
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VS A15 (4) 15M 10/57

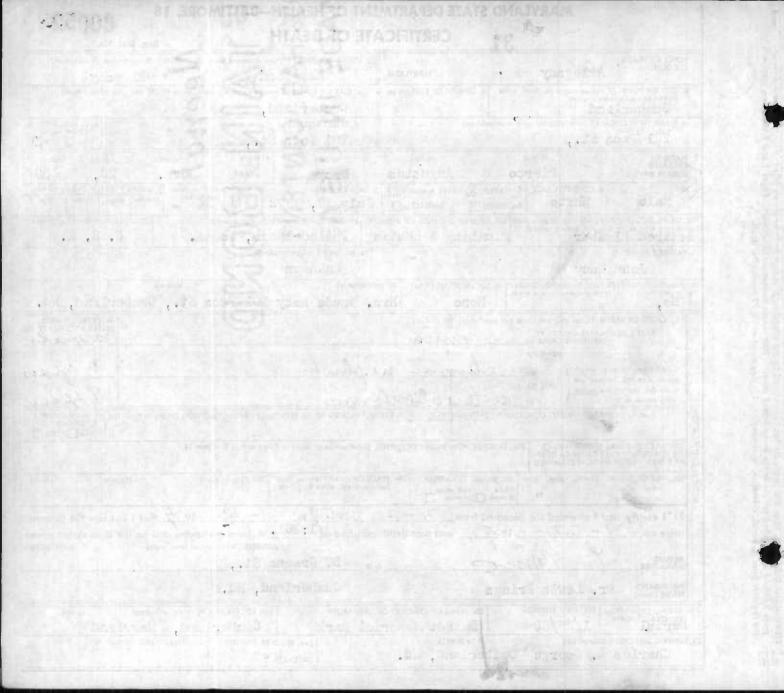
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

31

00052

1. PLACE OF DEATH o. COUNTY	Allegany		MARYL		USUAL RESIDENCE	(Where decease Land	ed lived. If instituti b. COUNTY		
b. CITY OR TOWN RURAL ond give Cumber1	(If outside corporate liminerest town)	its, write	c. LENGTH OF STAY II		c. CITY OR TOWN		orote limits, write F		
	ITAL (If not in hospital, g	give street	oddress)		d. STREET ADDRES	ss			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Pier		Middle August	us	Lacy	4. DATE OF DEATH	Moi Jar		Doy Yeor 23, 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		ate of Birth uly 17, 1	.872	9. AGE (In years last buthday) yrs.	IF UNDER 1 YE Manths Day	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPAT dyring most of wo Retired Pl	ION (Give kind of work orking life, even if retired umber		KIND OF BUSINESS OR umbing & He						S. A.
13. FATHER'S NAME				1	4. MOTHER'S MAID				
	Lacy				Unknow	m.			
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war ar dates of s	RCES? 16.	None	Mrs.		acy 201	Paca St.		land, Md.
	the under-	0) (Memia		phi tis				NTERVAL BETWEEN INSET AND DEATH 2 weeks 4 year
20a. ACCIDENT W	THER SIGNIFICANT CON VAS UNDERLYING CAUSE OF DEATH V MEDICAL EXAMINER)	1011	CRIBE HOW INJURY OC	H BUT NO			SE CONDITION GIV	/EN IN PART 1(o	PERFORMED? YES NO
-	IRY Month, Day, Ye	or 20d. II While of war	Not while	Oe. PLACE foctory	OF INJURY (Home, , street, office bldg.	form, 20f. (Cit	y or town)	(Coun	ty) (State)
actual SIGNATURE	hat I attended the 1-22- L By Dr. Lewis I	195	9, and that o		57 Gre	M, fro	m the causes (Street, city or town,	and an the a	saw the decease date stated abov DATE SIGNI
	ON, 226. DATE THEREO)F	22c. NAME OF CEMET				tion (City, town, berland.		(State)
23. FUNERAL DIRECTOR Charles	r's signature L. George	Cum	ADDRESS berland, Md		240.	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNAL	Two C



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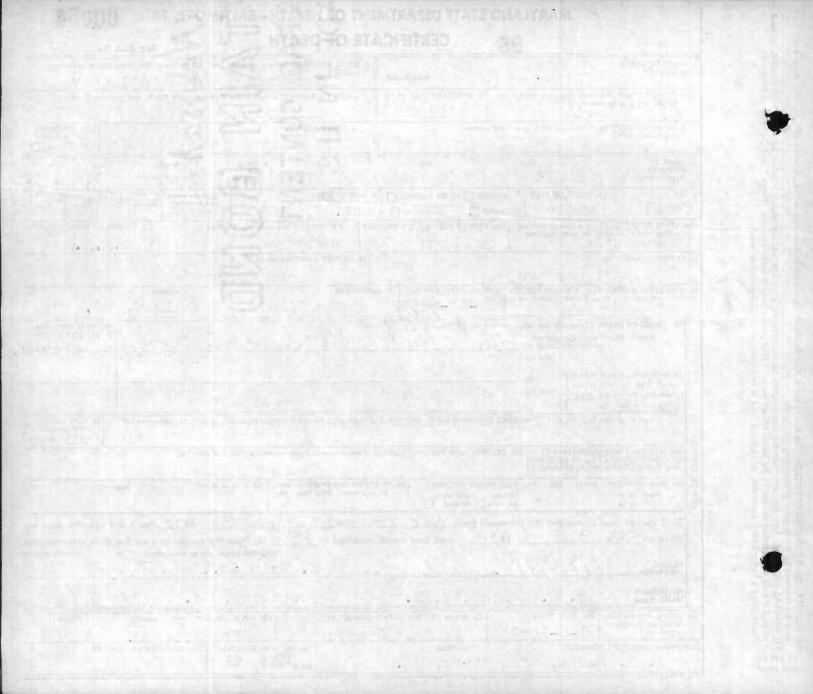
VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

96 CERTIFICATE OF DEATH

Reg. Dist. No.

	00				Keg. D	ist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryl		b. COUNTY	legany
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate 1		
Eckl	nart	life	X Eckha	rt		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ANNIE	Middle (BARNARD) LEWIS	4. DATE OF DEATH	Month January	Doy Yeor 3, 19 59
s. sex female	6. COLOR OR RACE 7. MAR White widow	ED DIVORCED	B. DATE OF BIRTH Oct. 7, 18	74 8	birthday) Months	R TYEAR IF UNDER 24 HRS. Doys Hours Min.
during most of work	ON (Give kind of work done 10b ing life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryla:			TIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		
Michae	el Barnard		Mar	y Perry	r Talling	
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1 14-01-6653D	Reuben Le	wis,	Address Eckhart,	Md.
Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	nmediote (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	NDITION GIVEN IN PAI	RT I(a) 19. WAS AUTOPSY
CATI		CRIBE HOW INJURY OCCURRE				PERFORMED? YES NO
	MEDICAL EXAMINER)					
20c. TIME OF INJURY Hour o. m. p. m.	While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	, 20f. (City or to	wn) ((County) (State)
21. I certify the alive an ACTUAL SIGNATURE	at I attended the deceases.	sed from Alc /-		_M, from the	/	last saw the deceased the date stated obave DATE SIGNED
PHYSICIAN'S NAME (Type)	W. O. McLa	ne, M. D.	Frost	tburg, l	Md.	1959
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	1-6-1959	Eckhart C	r crematory Semetery		(City, town, or county) hart. Md.	(Stote)
23. FUNERAL DIRECTOR'S		ADDRESS	24a. REC'L	BY REGISTRAR	24b. REGISTRAR'S SI	
J. R.	Durst, Fros	tburg, Md.	DATE	8 29	Civing &	trans



FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, withing the word "pending" in pendi in flem, 18. Give Poges 1, 2, and 3 to the funeral different. Page 4 should be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a refiles.

TO FUNERAL DIAM, TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

100			-						
1	PLACE OF DEATH				2. USUAL RESIDE	NCE (Whore doce	osed lived. If institu		e before admission)
1		Llegany		MARYLAND	M. STATE	issouri	b. COUNT	' Cla	ay
1	b. CITY OR TOWN (If and give negres) town)	outside corporate limits, writi	RURAL	c. LENGTH OF STAY IN 16			orporote limits, write	RURAL and g	ive nearest lown)
	Cumber1an	d		D. O. A.	North	Kansas	City	62x	-3
	d. NAME OF HOSPITA	AL OR INSTITUTION (f not in ho	spital, give stroet address)	d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM?
		at Sacred	Heart	Hospital Hospital	1400 Ea	st 22nd	Ave.		YES NO
3	NAME OF DECEASED	Fir	17	Middle	Lost	4. DATE	Mont	h	Doy Year
	(Type or print)	Sarah		Anna	Martin	DEATI	Janua	rv 3	31 1959
5	. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years fast birthday)		EAR IF UNDER 24 HAS.
	Female	White	WIDOWE	DIVORCED [Nov. 9,	1883	75 ym.	Months Da	ys Hours Min.
1	Oa. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	N OF WHAT COUNTRY?
		actical nu	rse	Nursing	Elkins	. W. Va.		II	S. A.
1	3. FATHER'S NAME	COULDES HO	200	Mad Danis	14. MOTHER'S MA			0.	D. A.
	John Wyat	t			Aman	da (11	nknown)		
1	5. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	44 / 6	Address		
1	Yes, no, or unknown)	Iff yes, give war or dates of	service)	In	Henry De	Haven	Cresaptow	n Md	
=		H [Enter only one cou	ue per line		o nemy be	naven,	OI CSap con		INTERVAL BETWEEN
		H WAS CAUSED BY:	o per mie	(o), (o), one (c). j		1			ONSET AND DEATH
	1 0 - 1	IMMEDIATE CAUSE (0)		oronary	oce	Cusic	71		2 tus
	420.1	DUE TO	1	1	00	,			
	Conditions, if or			crondry	Silver	0515			-
	(o), stating the u			1					
	couse lost.) (c)							
3	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	SE CONDITION GIV	EN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
1	3								YES NO TO
TOTAL OLDINGS	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS 20	b. DESCRIB	E HOW INJURY OCCURRED.	Enter nature of injury	in Part I or Part	II of item 18.)		
18	CAUSE OF DEATH.	HIKIBUTING LI							
13	20c. TIME OF INJUR	Y Month, Doy, You	r 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home	e, form, 20f. (C	ity or town)	(County	y) (Stote)
14.010.01	Hour o.m.	19	While		lory, street, office bld	g., elc.)		-	
				remoins described abo	ave held on A	toney 🗆	Inspection 🔯	1	[S] I '
					_		Inspection 🔀,		mail
	opinion death	resulted from	Vatural	causes X, Accident	, Suicide [, Homicid	e [], Undete	rmined mo	nner 🔲
	ACTUAL /	2 /1	+-						DATE SIGNED
	SIGNATURE	21XK	ula	relie	M.D.	CAL EXAMINER [
	EXAMINER'S					MEDICAL EXAMIN		1	1000
-	5 5 5 5 5 F 100 A 100 A	Dr. B. Skit	areli	ic	DEPUTY MED	DICAL EXAMINER	A Tel	51	1959
2	20. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREC	F	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOC	ATION (City, town,	or county)	(Slate)
	Eurial	Feb. 2.	1959	Bethel Cemet	erv	Paw	Paw. W. 1	la.	
2	3. FUNERAL DIRECTOR			ADDRESS	0	REC'D BY REGI	STRAR 246. REGIS	STRAR'S, SIGNA	ATURE
	Charles	L. George,	Cum	berland, Md.	DA	FEB 3	Chi	hun S. The	MANA

The same arrangement of the same and the same are same as a THE PARTY LONG THE PARTY OF THE Secretary and Carlotte Committee

heral director, death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by 19 page 3 should be classed for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shout the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/S7

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 34

CERTIFICATE OF DEATH

				uad. e	7101. 110.
1. PLACE OF DEATH o. COUNTY	LLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE MARYLA	ND b. COUNTY ALLE	ence before admission)
b. CITY OR TOWN (RURAL and give n CUMBERL	If outside corporate limits, write earest town) AND	7 HRS.33 MIN		utside corporate limits, write RURAL and LAND	d give nearest town)
OR INSTITUTION	TAL (If not in hospital, give stre AL HOSPITAL	et oddress)	d. STREET ADDRESS / 212 SC	HLEY STREET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	GRACE	Middle HORTENSE	MAXWELL Lost	4. DATE Month OF JANUARY	19 Yeor 59
5. SEX MALE	WHITE	RRIED NEVER MARRIED X	B. DATE OF BIRTH June 15, 188	lost highdays	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
during most of wor RET I RED	king life, even it refired)	EO. CREEK COAL		or foreign country) NIA (SOMERSET, CO.)	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
JOSEPH	S. MAXWELL		EMMA MARY	FAIDLEY	
IS. WAS DECEASED EVE (Yes. no. or unknown)	Iff was nive war as dates of service)			CK & MEMORIAND AVEN	
Conditions, if a gave rise to i couse (o), stoting lying couse lost. PART II. OTI	the under (c) HER SIGNIFICANT CONDITION	Hyperteus Contributing to Death BU Remoner	hofe Oet	LOVASCULAR DISEASE CONDITION GIVEN IN PA	10 yrs
	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR			
20c. TIME OF INJUR Hour o. m. p. m.	Whi		LACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)
21. I certify th	nat I attended the decer	sed fram.	, 1955, to	1 17 1959 that I	last saw the decease
actual SIGNATURE	Plues	59, and that deat		M, fram the causes and on ADDRESS (Street, city or town, state)	the date stated above
PHYSICIAN'S DR			Cunoe	Mand MA	
Burial Burial	Jan. 21,195			22d. LOCATION (City, town, or county) Cumberland, Md.	(State)
23. FUNERAL DIRECTOR Charles		ADDRESS umberland, Md.		BY REGISTRAR 246. REGISTRAR'S S	IGNATURE S. Frank

STATE OF DEATH A STATE OF THE PARTY OF THE PAR the rest of the second second

VS A15 (4) 15M 10/57

2	MARYLAND	STATE DEPA
D	35	CERTI
		-

ARTMENT OF HEALTH—BALTIMORE, 18
IFICATE OF DEATH

					Kag. Dist. 140.
1. PLACE OF DEATH a. COUNTY ALLEGA	NY	MARYLAND	2. USUAL RESIDENCE (WI O. STATE MARYLAND	here deceased lived. If institution b. COUNTY	n: Residence before admission) ALLEGANY
RURAL ond give near	AND	42 DAYS	c. CITY OR TOWN (IF	outside corporate limits, write RU LAND	URAL and give nearest lown)
d. NAME OF HOSPITAL OR INSTITUTION MEMORIAL	L (If not in hospital, give stree MEMORIAL HOSP & WARWICK AV	ITAL	d. STREET ADDRESS 206 SPR	INGDALE ST.,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First PAUL	Middle	MC FARLAND	4. DATE Mont OF DEATH JANUA	
MALE	WHITE WIDOV	1	B. DATE OF BIRTH NOVEMBER 13	1904 Just birthday)	Months Days Hours Min.
Freight ((Give kind of work done 10tog life, even if retired) Conductor	Railroad		or foreign country) N, W. VA.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	CHARLES MC FAR	LAND	PEARL DAV		
15. WAS DECEASED EVER (Yes, no, or unknown) (If	IN U. S. ARMED FORCES? 16 yes, give wor or dates of service)	5. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	MEMORIAL HOS	PITAL CUMBE	ess ERLAND, MARYLAND
Conditions, if ony gove rise to improve to improve the course (o), stating the lying course lost.	mediate (Treet	y chera	- K-1	ONSET AND DEATH
PART II. OTHER 200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING 20b. DE	CONTRIBUTING TO DEATH BUT	Con fra,	k - ,	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 7
20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Year 20d. White		ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
21. I certify that olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	R.J. WI	ond that death		1-1	nd on the dote stoled obove total
220. BURIAL, CREMATION, BURIAL (Specify)	1-6-59	Greenmount		22d. LOCATION (City. town, o Cumberland	
23. FUNERAL DIRECTOR'S		Cumberland,			TRAR'S SIGNATURE

	36	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)		tion: Residence before admission)
RURAL and give no	f outside corporate limits, write corest town) rland	12/18/58		eviside corporote limits, write	RURAL and give nearest town)
OR INSTITUTION	At (If not in hospital, give street egany County		d. STREET ADDRESS 541 A	rnette Ter	race e. Is residence ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Estella	Middle	Middleton	4. DATE MO OF DEATH Januar	ry 21, Yeor 19 59
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH 6/1/1878	9. AGE (In years lost birthday) 80 yrs	Months Days Hours Min.
10a. USUAL OCCUPATIO during most of work Housewif	ON (Give kind of work done 10b ging life, even if retired)	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Siole Mary 18		U. S. A.
13. FATHER'S NAME	Allan Teets		Joanna	a Green	A A Market Street
15. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FORCES? 16.		INFORMANT P.O.BO		de"Cumberland, Mo ary Records
Conditions, if or gove rise to it couse (o), stoling lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate (DUE TO	Chronis Contributing to Death BU	al Heiner MARCE TO THE TERMINE SCULLOSE		IVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO [2]
	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in f		(County) (State
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the	at I attended the decease 21/59	rk ot while of work of while while of work of	58, 19, to 1	/21/59 , 19	,that I last saw the deceas
ACTUAL SIGNATURE PHYSICIANIS	Janes &	Lease McLean	м.о. 49 (ADDRESS (Street, city or fown Green St.	1/22/59
220. BURIAL, CREMATIO BEMOVAL Specify)		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, Cumberland, 1	or county) (State)
John J. H	s signature afer, Cumberla	ADDRESS and, Maryland		D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE

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	bur is a series		franchisch
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	6/2/1953		edia atne
2	frafyral		Sylvasion
	nesti suncel		57002 20074
The state of the s		THE WAS INVENTION	
Bode part by soul	Telegrand Thurst		

FOR STATE HEALTH DEPT.

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Baara 15, Health. 62

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nece execute the certificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1. 2, and 3 to the funeral did 4 should be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for FUNERAL DI. JOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baar ar its designated agent, prior to burial, cremotian, or removal, and in any eyentmithin 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			7							Reg. D	isl. No.		
1.	PLACE OF DEATH					2. USUAL RESIDEN	ICE (Who	ere decea	sed lived. If instit	ution: Reside	ence belo	re admi	ission)
	o. COUNTY Alle	egany		MARY	LAND	o. STATE Mar	val	86	b. COUNT		egan	v	
		autside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b		-		porote limits, write				wn)
	Cumberland			3 days		0 = Cumbe	ובלים	nd					
		AL OR INSTITUTION (nat in has)	d. STREET ADDR		1454					ESIDENCE A FARM2
	Sacred F	Heart Hospi	tal			216 De	cati	ur St					NO X
3.	NAME OF DECEASED	Firs	1	Middle		Lost	4.	DATE OF	Mont	h	Doy	Y	ear
	(Type or print)	Cla		Ethel		Miller		DEATH	1/4	/59		1	9
5.	SEX	6. COLOR OR RACE	7. MARRIE	D MEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER	-	-	ER 24 HRS.
	Female	White	WIDOWED	DIVORCED [April 25.	19	18	40 yrs.	Months	Doys	Hours	Min.
		ON (Give kind of work of life, even if retired)	one 10b. K	IND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE	(Stole or	foreign	country)	12. CIT	ZEN OF	WHAT	COUNTRY?
	aborer in		Si	1k busines:	S	Mary	and	Cum	berland,	U	.S.A		
13.	FATHER'S NAME					14. MOTHER'S MAIL	DEN NA	ME					
		Richard M	arsto	1		Li	1111	e Eva	ans				
		ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. III	IFORMANT			Address			-	
	No.				Mr	s. Victor	McC	aule	y 417 W	alnut	St.	, Cu	mb. Md
	18. CAUSE OF DEAT	TH [Enter only one cau	se per line f	or (a), (b), and (c).]	-						INTERV	AL BETWE	FFNI
		H WAS CAUSED BY:	Mace	ration of H	Brai	n: Intra	cran	ial	Hemorrha	ze		3 Da	
	989x	DUE TO											
	Conditions, if an		Skul	1 Fracture	9						1	3 Da	VS
	gave rise to immed (o), stating the	liate couse											·
	couse lost.	(c).											
7	PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE	TERMIN	AL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 19	. WAS	AUTOPSY
CERTIFICATION											Y	ES X	NO [
TIFIC	20g. EXTERNAL CAU	ISE WAS 20	DESCRIBE	HOW INJURY OCCUR	RED. (E	nter nature of injury	in Part I	or Port II	l of item 18.)	1111			
CER	CAUSE OF DEATH.	AIRIBUTING []	Str	uck on Head	i wi	th Blunt	Tnst	me	nt				
3	20c. TIME OF INJUR	Y Month, Day, Yea			e. PLAC	E OF INJURY (Home	form,			(Cor	unty)		(State)
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13.	T/F		Cumber	land. Md.									
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

00060

		00	- Calkin		- 01 01		•		Reg. [Dist. No),	
1. PLACE OF DEATH a. COUNTY			MARYL		o. STATE		ere decease	d lived. If institut b. COUNTY				sion)
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RURAL and give	nearest tawn)	, write-				WN (If o	ulside corpo	rate limits, write l	RURAL one	give ne	arest tow	n}
Cumb	erland		1 Month	13 da	ays O		berla	nd				
OR INSTITUTION			ldress)		d. STREET ADD		ATTO	2110		35	ON	SIDENCE A FARMS
	Heart Hospit				200 001	Lumbi	La Ave	nue			AF2 [] NOAT]
3. NAME OF DECEASED (Type or print)	First		Middle F.		ادها Molinari		4. DATE OF DEATH	Moi		De		Year
S. SEX	Anthony 16. COLOR OR RACE	7				_	DEATH		uary	2	1	19 59
			DIVORCED	-	ATE OF BIRTH			AGE (In years last birthday)	Months		Hours	ER 24 HRS. Min.
Male	WIII_UE	WIDOWED			9-25-93	3		65 yrs.				
during most of wo	TION (Give kind of work doorking life, even if retired)			RINDUSTRY	11. BIRTHPLAC	E (State	ar fareign c	ountry)	12. C			T COUNTR
	der at Cadil	TBC]	Lounge	1.		aryla				U.	S.A.	
13. FATHER'S NAME				1	4. MOTHER'S M	AIDEN N						
		cease				ephir	ne- S	anterri				
[Yes, no. or unknown)	VER IN U. S. ARMED FORC (If yes, give wor or dales of ser	vice)		17. INFO	RMANT			Ado	lress			
No		420	1-07-6823		Patie	ent. Is	s. Char	t				
18. CAUSE OF D	EATH [Enter only one cou	se per line	for (a), (b), and (c).]							INT	ERVAL BI	ETWEEN
PART I. DI	EATH WAS CAUSED BY:	0.00	O	3						NO	SET AND	DEATH
420.1	IMMEDIATE CAUSE (o)_	<u> </u>	ronary Occ	Lusio	n				· · · · · · · · · · · · · · · · · · ·		da.	
/		Co	ronary Hea	rt. Di	9229					2	. wee	ks
Conditions, if	immediate		LOHAL J HOA	10 21	50050					-	· WCC	110
cause (a), statin	g the under DUE TO									- 2		
lying cause las												
PART II. O	THER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEA	TH BUT NO	T RELATED TO TH	HE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a)	19. WAS	AUTOPSY
3	none											NO
PART II. O	VAS UNDERLYING 2 IG CAUSE OF DEATH Y MEDICAL EXAMINER	Ob. DESCR	IBE HOW INJURY OC	CURRED. (E	inter nature of in	njury in P	art I or Port	1 11 of item 18.)	1779			
			none									
20c. TIME OF INJU		While	_ Not while _	20e. PLACE factory	OF INJURY (How, street, affice bond)	me, form, ldg., etc.	, 20f. (City)	ar tawn)		(County)		(State)
	that I attended the		I from Marsah	27	10 58	. In	DELONGE	25 50	2			
		eceased	rommartin	ELg-	. 19 20	27	I mar y	52, 19.2	Z.,that I	last s	aw the	decease
alive an <u>।</u> र	1110 620	., 1922	, and that	death ac	curred at			n the causes		the do		
ACTUAL TO	17/	/	2					reet, city or town,	stote)			ATE SIGN
SIGNATURE	1. Trace	enan	- MA	M.D.	110 B	edfo	rd St.]	/26/	59
PHYSICIAN'S NAME (Type)	J.P Hallin	on Ma	D/		71	0 7	202	Charach	Clasus	7		Md
						n-ne		Street,			e Dire	Mu.
220. BURIAL, CREMATI REMOVAL (Specif	ul		St Patri		Cemete	rу		MD (City, town,			(Stot	ie)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		12		BY REGIST	RAR 24b. REG1	STRAR'S S	IGNATU		
	Kight.		Cumberla	na,	md.		BU O O II		71 A			

TO FUNERAL DIRE VS A15 (4) 15M 10/57

ALTERNATION STATE DEPARTMENT OF BEAUTIFICATION OF THE PROPERTY SW CERTIFICATE OF DEATH IN . Referring the second of the terms and a facilities. The statement of the second of STATE OF THE STATE

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ILENDING PHISICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page		R: After this certificate has been signed by the attending physician and campletely filled in by the peral direct	petached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shows be filled w	
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00061

CERTIFICATE OF DEATH 39

Reg.	Dist	No
	-1411	

1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who s. STATE Mary1	ere deceased lived. If institu b. COUNT		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give ne	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street odd or INSTITUTION 115 Harrison St.	dress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Thomas	Middle Francis	lost Moore	OF _	onth Do	
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	The second secon	B. DATE OF BIRTH Jan. 23, 187	9. AGE (In years last birthday) 81 yrs	Months Days	Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanic Be	& O. Rwy.	STRY 11. BIRTHPLACE (Stole Cumberlan		12. CITIZEN C	F WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Patrick Moore		Bridget	Hefren		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO		NFORMANT		dress	Md.
No,	Mr	s. Catherine	Moore 115 Ha	rrison St	Cumb.
PART I. DEATH Enter only one couse per line of PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	Jensen Jerleno Jerleno		Kaene	ON	ERVAL BETWEEN SET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CON 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				VEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED	D. (Enter noture of injury in P	'art I or Port II of item 18.)		
Y 20c. TIME OF INJURY Month, Doy, Year 20d. INJU While of work	_ Not while fac	ACE OF INJURY (Home, form, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
ACTUAL SIGNATURE CLOSE F Dramatt		accurred at 2:05A	2/ , 195 2.M., from the couses ADDRESS (Street, city or town,	and on the do	
220. BURIAL, CREMATION, 22b. DATE THEREOF 2	2c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town,	Or county!	(State)
Burial 1/24/59		& Paul's	Cumberland,		(State)
23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cumber1	ADDRESS	24a. REC'E	BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE	

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FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in flem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for ided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if any files.

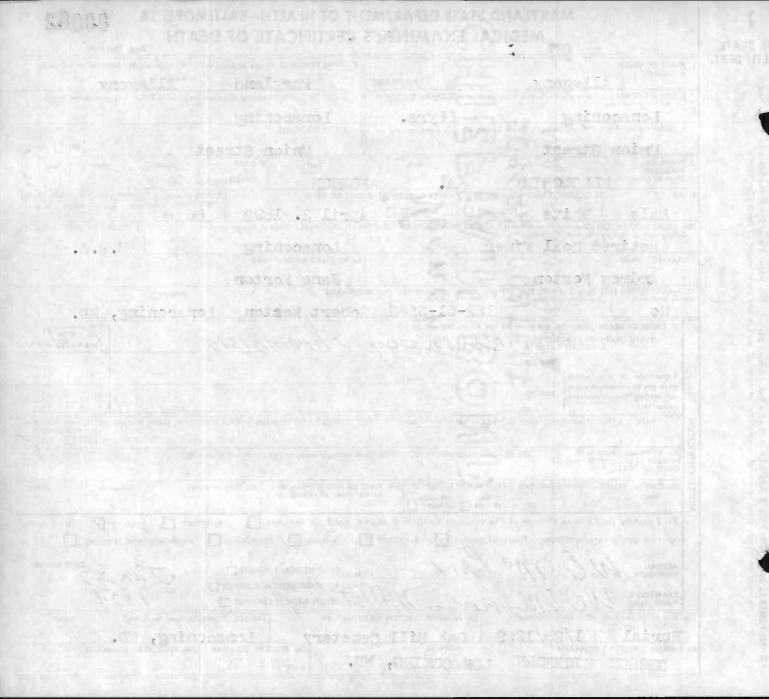
TO FUNERAL DINGSTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boars Schoolth. M

or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00062 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3. DATE OF DEATH 3. DATE OF DEATH 3. DATE OF BIRTH 4. DATE OF BIRTH 4. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED									
Declary Declar	e before admission)								
	6. COUNTI	COUNTY Allegary ARRY CITY OR TOWN III outside corporate famile, write BURAL ond give neoral foun) Lonaconing NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addressed for the proof of the pr	MARYLAND	o. STATE Mars	final 5	b. COUNT	legan.	V	
	b. CITY OR TOWN I	Allegany Allegany Allegany Allegany Allegany Allegany Allegany Allegany C. LENGTH OF STA Cod give nearest fown) Lonaconing NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street add Union Street ME OF CEASED Pe or print) FILLSWORTH C. COLOR OR RACE MIDOWED DIVORCE SUAL OCCUPATION (Give kind of work done of the force) SUAL OCCUPATION (Give kind of work done of the first of th		LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ote limits, write		
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	Imien	Street			Theic	n Stra	at.		YES NO R
3.	NAME OF			Middle		4. DATE	-	h	Day Year
		ELT.SWORTH		A .	MORTON		Jan	15	19.59
5.	SEX		MARRIED [9.	AGE (In years	IFUNDER TY	
	Male	white "	VIDOWED [DIVORCED	Annil 3. 1			Manths Do	ys Hours Min.
10	o. USUAL OCCUPATION	ON (Give kind of work don	ne 10b. KIND	OF BUSINESS OR INDUST				12. CITIZE	N OF WHAT COUNTRY
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JICA)	20c. TIME OF INJU	RY Month, Day, Year		E	CE OF INJURY (Home, for	rm, 20f. (City or	town)	(Caunt	y) (Stale)
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may be retained by the hospital or ottending physician. TO FUNERAL DIRP TOR: After this certificate has been signed by the attending physician and campletely filled in		the registrar prior to burial, cremotion, ar remayal, and in any event within 72 hours after death
5 A 15	55)
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	20c. TIME OF INJURY Month, Doy, Year 20d. fNJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)				
1.	PLACE OF DEATH o. COUNTY allegany	MARYLAND	2. USUAL RESIDENCE (Where o. STATE MANY)		0
W	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporote limits, write RURAL and	
	d. NAME OF HOSPITAL (If not in hospital, give street ORINSTITUTION aganther	oddress)		apriler St	ON A FARM?
3.	DECEASED	Middle	u 01	OF /	parent, in
7	Female White WIDOW	ED DIVORCED	Sept 27, 187	2 St birthdoy) Months	
	Gausewife (if retired)	Afone	my Sava	oreign country) 12. C	M. SA
	Thomas male	lox	Ellen	Logadon,	
	(If yes, give war or dates of service)	your M	no allice	Schellhous	Cumb 14
	PART I. DEATH WAS CAUSED BY: fmmediate Cause (a) DUE TO Conditions, if ony, which) (b)	re for (o), (b), and (c).] Pl Merry A	elero a	leve.	
Z	couse (o), stoting the under- lying couse lost.	Deaber	NOT DELIATED TO THE TERMINAL	DISCASE CONDITION CIVEN IN BA	BT V-1 10 WAS AUTORSY
CERTIFICATION					PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	PLACE OF PEATH 2. COUNTY MARYLAND 2. COUNTY MARYLAND 3. STATE D. COUNTY MARYLAND 3. STATE MARKL MARKL MARYLAND 3. STATE MARKL MARKL MARYLAND 3. STATE MARKL MARKL				
	ACTUAL SIGNATURE PHYSICIAN'S	and that death	ADD	, from the causes and an	the date stated abov
7	Burney 1/23/59	Al Patrick	es Cem.	mit songe	. mel
23.	Janes Stein Inc	Camb	1/4 /	2 4 4	111

CERTIFICATE OF DEATH and with the BOOK BOOK OF THE TAX OF BUILDING SHOULD SHOU .

	21	CEKTIFICA	ALE OF DEAL		Reg	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WI o. STATE		If institution: Re	AT.T.EGAN	
RURAL ond give n	BERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate lin	nits, write RURAL	and give nearest	town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street SACRED HEART		d. STREET ADDRESS	STREET			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First JONAS	Middle	laro de last	4. DATE OF DEATH	Month JAN. 15	Doy 5,-59.	Yeor
5. SEX MALE	6. COLOR OR RACE 7. MARR	T	Mar. 5 188	3? 76 Past	E (In years birthday) Mor	NDER 1 YEAR IF	UNDER 24 HRS
Peterson of the	ON (Give kind of work done 10b. king life) or if retired) And anul	and welco	-	or foreign country)	12	CITIZEN OF V	
Step Father's NAME	er John B.	riles	14. MOTHER'S MAIDEN I	NAME ()	Inken		/
15. WAS DECEASED EVE (Yes, No or inknown)	44	11 2/113	STEP SON ROLA	ND	Address	1. m	2
	ATH [Enter only one couse per lin ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).	Veryoner	Fulle	re		AL BETWEEN AND DEATH
Conditions, if o		nyocardial	Jala 3	Februis		?	?
gover rise to i couse (a), stating lying couse lost.	the under-	borowny .	Inffere	my (autr)	1/	1/59
PART II. OTI	HER SIGNIFICANT CONDITIONS C	shelt home	mileny	- Pula	ung En	/ P	VAS AUTOPSY ERFORMED? S NO 2
	AS UNDERLYING 206. DESC G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of i	tem]8.)		
20c. TIME OF INJUR Haur a. m. p. m.	Nonth, Doy, Year 20d. It While of world	Nat while for	ACE OF INJURY (Home, formattory, street, office bldg., etc.)	n, 20f. (City or taw	n)	(County)	(State
21. I certify the	nat I attended the decease	ed fram //7/.	9, 1959, to accurred at 8 50	EM, from the	causes and o		
ACTUAL SIGNATURE	James Joses	Im	M.D. 50 PER	ADDRESS (Street, ci			DATE SIGN
PHYSICIAN'S NAME (Type)	Samuel Jacobson	, M.D.	C son	BERL	AND	M	D
MEMOVAL (Specify)	5N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY (em.	22d. LOCATION (C	ity, town, or cou	nty) &	(State)
23. FUNERAL DIRECTOR	Steen Inc	ADDRESS under		AN 2 0 '59	24b. REGISTRAR arthu	'S SIGNATURE 1 S. Kraus	

death. Page 4 neral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the haspital are attending physician.

Yes To HUNERAL DIRG R. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be retained for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be retained for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be retained to cemation, a? remayal, and in any event within 72 hours after death.

THE ST. LEWIS CO.	CHITIED A TO THE CHITIPOL
	(CONTRACTOR OF THE CONTRACTOR
and the state of the same	

TO FUNERAL DIRE

VS A15 (4) 15M 10/57

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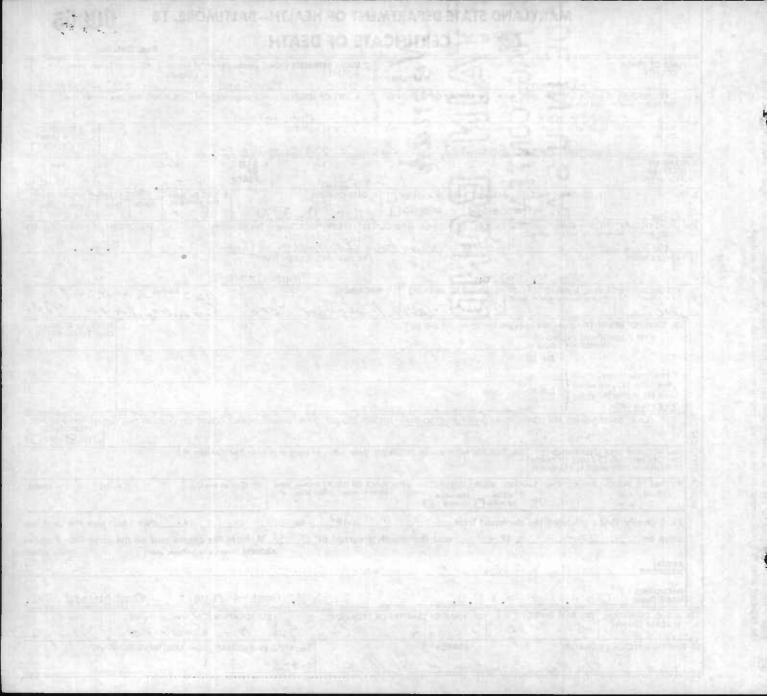
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

00065

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution: Residence	before admission)
Allegany	MARYLAND		vland b. COUNTY	llegany
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) Cumberland	rite c. LENGTH OF STAY IN 16	00	de corporate limits, write RURAL and giv	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	street address)	d. STREET ADDRESS	ane	e. IS RESIDENCE ON A FARM?
	Hospital	223 Char]	es St.	YES NO
3. NAME OF First DECEASED (Type or print)	Middle		DATE Month OF DEATH	Day Yeor
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	Nelson B. DATE OF BIRTH	dan du	19 50 EAR IF UNDER 24 HRS.
	DOWED DIVORCED	Mar. 31. 1890	last birthday) Manths Do	bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU			N OF WHAT COUNTRY?
Refined	Kelly Sprinofie	ld Eckhant Nam	rland	.S.A.
13. FATHER'S NAME	106 51	14. MOTHER'S MAIDEN NAM	E	
	elson	Rosa (
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		NFORMANT	223 Address Chan	105 St.
No I	214.05-4677	MRS. JOHN Kee	d Cumberla	Nd. 11)d.
18. CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c).]	1 1 .		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Common	Occusion.		ONSET AND DEATH
420.1 DUE TO				
Canditions, if any, which) (b)				
gave rise to immediate DUE TO				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
5 Druetton				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part	I or Part II of item 18.)	
	od, INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 2	Of. (City or town) (Cou	inty) (State)
	Vhile Not while fac	ctory, street, office bldg., etc.)		(0.0.0)
21. I certify that I attended the dec	ceased fram. 17/19	, 19 Jd., to 1/-	30 , 19.17 , that I las	it saw the deceased
alive an 1/30	19 57 and that death	accurred at 9 45 N	A, from the causes and an the	
11 11			RESS (Street, city or town, state)	DATE SIGNED
SIGNATURE SEO	Len J	M.D		1/31/59
PHYSICIAN'S NAME (Type) LOO H. LOY JI	м.D.	456 N. Cer	itre Street Cumb	erland, Md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	1 0 4	LOCATION (City, town, or county)	(State)
BilliA1 17/2, 159		s. Cemeter	Mt, DAVASE	, MARULAN,
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	REGISTRAR 24b. REGISTRAR'S SIGN.	ATURE /
John J. Hater. Co	imberland 1	DATE EB 6	'59 ariting & to	au A



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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00066

CERTIFICATE OF DEATH 43

Rea	Dist	No	

1. PLACE OF DEATH o. COUNTY	ALLEGANY		MARY	LAND	o. STATE	PYLAND	ere decease	d lived. If institut b. COUNT	,	LLEGAN		
b. CITY OR TOWN (H	f outside corporate limi creat town) LAND	ts, write	c. LENGTH OF STAY	IN 1b	1 -	TOWN (IF OUR		prote limits, write	RURAL ond	give nearest	town)	
d. NAME OF HOSPIT. OR INSTITUTION MEMOR I A	AMEMORTAL S	HOSP'I	ማ <u>ለ</u> ቂ፡) S.,		d. STREET A	ODDRESS HUMBIR	D STR	EET		0	RESIDEN	RM?
3. NAME OF DECEASED (Type or print)	Fir D	IANE	Middle LYNN	14	NEWI		4. DATE OF DEATH	Mo Ja	nth	Doy 15	Yeor	59
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCE		8. DATE OF BIRT		57	9. AGE (In years lost birthdoy) / 22 MGS	Months	Days Ho	-	HRS. Min.
none 13. FATHER'S NAME	DN (Give kind of work ing life, even if retired		NIND OF BUSINESS O	RINDUS	CUMP 14. MOTHER'S	BERLAN MAIDEN N	D MA	RYLAND		S.A.	HAT COL	JNTRY?
15. WAS DECEASED EVER		CES? 16.	social security no.		NFORMANT	HOSPLT			dress			
571,0 Conditions, if ar gove rise to in couse (o), stating t lying couse lost.	the under-	OI	OLIVE OXEC	TH BUT	westernot related to	ST THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAR	PI	da tus vas auto erforme s no	OPSY D?
O (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Y Month, Day, Yee	or 20d. In	NJURY OCCURRED Not while of work	20e. PL/	O. (Enter noture of	Home, form,	20f. (Cih		(1)	County)		Stote)
21. I certify the alive on	at I attended the	1	9, and that	degih	accurred at.	1:35 222	BM, from	m the causes treet, city on town	and on t	last saw he date s	tated c	
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Jan, 18	. 195						TION (City, town, mberlar		d.	(Stote)	
James F.	- + www		L'ADDRESS umberland	1, N	ſd.	240. REC'D			Istrar's sig	0 11		

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TI	- re	RA	sho	istro	
SO	, be	JNE	e 3	reg	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often death: Page 4	E COL) FL	poge 3 should be a local and 2 should be a should be as the buriot-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with	the registror priar to burial, cremotian, or removal, and in any event within 72 hours ofter death	

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VS A15 (4)

1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

arthur & Thouse

CERTIFICATE OF DEATH Item 3. Film G238. Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Allegany Mary land llegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland Cumberland vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 124 Virginia Ave. 124 Virginia Ave. YES NO DE 3. NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) John Nidewarner Paul DEATH 19 Jan. 1959 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Male DIVORCED [WIDOWED [Nov. 16. 1882 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Conductor Railroad Broadway. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Rinehart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 705-03-8689 Nicewarner Cumberland Md. Paul no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) ONSET AND DEATH Z LUSC DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO N 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram. 9. 1959 that I last saw the deceased and that death occurred at______M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state ACTUAL Durrett 236 Virginia Ave. Cumberland, Md. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria. Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240: REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

James F. Scarpelli, Cumberland, Md.

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	1001		
Harris I was been seen to be a second		Service Services and the service of	DV
	A-1-14		
	THE PARTY IS	Harman Braker State Comme	

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH	45	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	1008
o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who. STATE	ere deceased lived. If institu b. COUNT		1
b. CITY OR TOWN RURAL ond give Cun	(If outside corporate fimits, writh nearest town)	e c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write		
BOOK TO THALL	ITAL (If not in hospital, give stra acred Heart Ho		d. STREET ADDRESS Wiley For	ord, W. Va.	ON	RESIDENCE A FARM?
NAME OF DECEASED	First	Middle	Lost	4. DATE Mo	onth Day	Yeor
(Type or print) SEX Male	9.7% P.A.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Bn. 16. IF UNDER 1 YEAR IF UN Months Days Hour	
o. USUAL OCCUPAT		OWED DIVORCED DIVORDIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DI			12. CITIZEN OF WH	
None 3. FATHER'S NAME			14. MOTHER'S MAIDEN N	nd, Maryland	d USA	
S. WAS DECEASED EV	ley E. Davis	16. SOCIAL SECURITY NO. 17.	Mary I	Parrish	dress	
Yes, no, or unknown)	(If yes, give wor or dates of service)	None	Mothe		Same Address	8
	ATH [Enter only one couse pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o). (b)? and (c).1	broughi di d	l.	INTERVAL ONSET AN	
Conditions, if gove rise to cause (o), stating lying cause last	immediate bulleto DUE TO (c)	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	nal disease condition Gi	VEN IN PART 1(o) 19. WA	VZBOTILA 2
3 4/14/14					YES	FORMED?
	AS UNDERLYING 206. D	ESCRÍBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item 18.)	AE Å[FORMED?
○ CONTRIBUTION ○ C	RY Month, Day, Year 20d	I. INJURY OCCURRED 20e. P	ED. (Enter noture of injury in P	20f. (City or town)	(County)	FORMED?
20c. TIME OF INJU Hour o. m. p. m. 21. I certify to alive an ACTUAL SIGNATURE	RY Month, Day, Year 20d	I. INJURY OCCURRED ile Not while of work of w	LACE OF INJURY (Home, form, octory, street, office bldg., etc., 19.57, ta., fl., to., to., to., to., to., to., to., to	20f. (City or town) 20f. (City or town) M. 19.5- M. fram the causes DDRESS (Street, city or town	(County) 2.,that I last saw the and on the date sta	(Stote)

manager of the second s And for Gunt Jan 17. , -, 1 Multimes you ane the carrie moto. W

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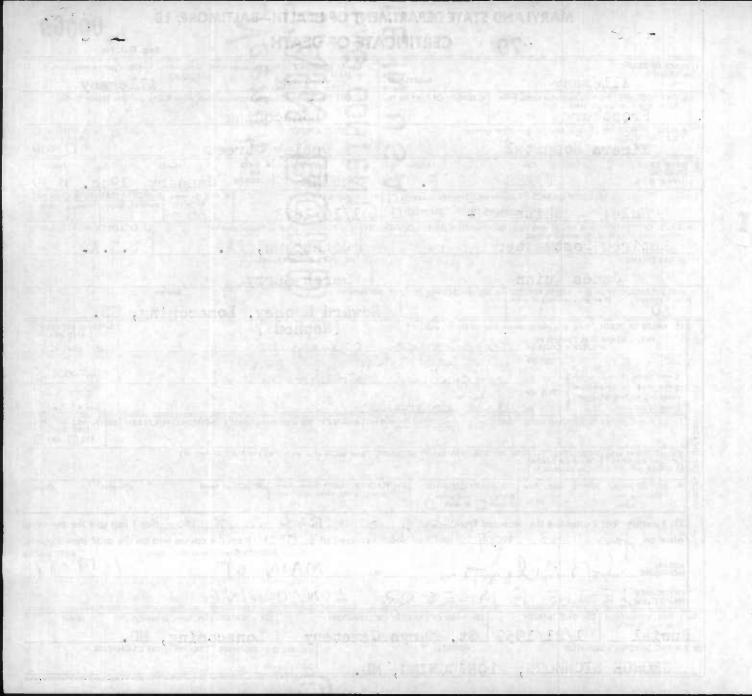
VS A15 (4) 15M 10/57

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ARYLAND	STATE DEPARTMEN	T OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

_ 00069

		3			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	1	MARYLAND	2. USUAL RESIDENCE (WHO O'STATE Maryland	ere deceased lived. If insti	tution: Residence before admission)
	legany		Maryland		Allegany
RURAL and give ne	f outside corporate limits, we carest town) tourg	c. LENGTH OF STAY IN 16			e RURAL and give nearest town)
	AL (If not in hospital, give	trant address)	d. STREET ADDRESS	oning	e. IS RESIDENCE
OR INSTITUTION	ra Hospita			Street	ON A FARM? YES NO 138
3. NAME OF	First	Middle	lost		
DECEASED (Type or print)	JAME:	S F.	QUINN	OF DEATH Janu	Month Doy Yeor ary 19th. 1959
5. SEX	V 70 0	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yer lost birthdo	POTS IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male	White		1/10/1873	86	
during most of work	on (Give kind of work done king life, even if retired) d Postmase	10b. KIND OF BUSINESS OR IND	Johnstow		U.S.A.
13. FATHER'S NAME	a - o o o mago o	~	14. MOTHER'S MAIDEN N		10.0.4.
J	ames Quinn		Sarah Mu	איזין	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES		INFORMANT		Address
NO	(If yes, give war or dates of service		Edward Moon	ey. Lomaco	ning, MD.
	TH WAS CAUSED BY:	per line for (o), (b), and (c).]	Nephew		ONSET AND DEATH
4500	DUE TO	, acrossom	Casino		a w ws i
Conditions, if or	ny which \	Constant	de tindle		years
gove rise to in	mmediate (DUS TO	angeous.	TRACE OF THE PARTY	finne	4 3
lying couse lost.	(c)	leterio scle	10315		years
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING UIF EITHER, NOTIFY	IER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WA	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in P	ort I or Port II of item 1B.)	
	MEDICAL EXAMINER)				
20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED 20e. If While Not while for work 1 of work 1	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)
	at I attended the de		5 10 195,00	n 19 100	-94-411-4-11-1
alive an	157		5 , 19 1 1 10 30	2 AA . 6 AL	2_1,that I last saw the deceases and an the date stated above
dive di		ixit, and that bear		LM, fram the cause ADDRESS (Street, city or to	
ACTUAL SIGNATURE	Johnil	entr.	M.D. MAIN	V 6T	1,19,59
PHYSICIAN'S LE	ESLIE R	MILES JR	LONAC	DNING	MD.
220. BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, tow	n, or county) (State)
Bueial 23. FUNERAL DIRECTOR'S		59 St. Marys	Cemetery	Lonaconin	g MD
23. FUNERAL DIRECTOR:			24a. REC'D	BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE
GEORGE	EICHHORN,	LONACONING,	MD. DATEVAN	21 '59	
					42, 700000



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Page Health, b. COUNTY MARYLAND files. b. CITY OR TOWN (If outside corporate limity C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corperate limits, write RURAL and give nearest fown) and eive negrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS State NAME OF Middle First DATE DECEASED OF (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE Itn years IF UNDER LYEAR last birthday1 Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? and during most of warking life, even if retired) DOI pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Pages File ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT /8. CAUSE OF DEATH [Enter only one couse per line for (o)/(b)/and (c) INTERNAL BETWEEN alang PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (6) Office DUE TO Canditions, if ony, which gave rise to immediate cause DUE TO (a), stoting the underlying couse last. 0 crematian, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS esed 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY | ar CONTRIBUTING | pino 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. While Not while at work of work p. m. 21. I certify that I taak charge af the remains described above, held an Autopsy ... Inspection N Sed Sed opinion death resulted fram: Natural causes M. Accident Suicide . Hamicide . Undetermined manner MEDICAL ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. DATE THEREOF 22c. NAME OF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Arlington National 1 - 7 - 59Eenetery Arlington Va. Burial 0 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME

Hyndman. Pa.

DATE IAN 9

5M 2/57

e. IS RESIDENCE ON A FARM? YES NO

Yeor

190

IF UNDER 24 HRS

PERFORMED?

(Stote)

and in my

DATE SIGNED

(Stote)

Civil un S. Thank

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FOR STATE HEALTH DEPT

SEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct should be fair and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 5 FUNERAL DINA, OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

		LACE OF DEATH	46		2. USUAL RESIDENCE	CE (Where decease	ed lived. If instit	ution: Residence	before admission)
	0	ALLEGANY	O. STATE MARYLAND B. COUNTY ALLEGANY						
	Ь	. CITY OR TOWN (It autside corporate limits, want give negres) town)	rile RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corp	orote limits, write	RURAL and giv	e nearest town)
		CUMBERLAND		13 DAYS	22 /guly	BERLAND	Frostb	urg	
1	d	MEMORIAL & WARVIO		pital, give street address)	d. STREET ADDRE	RETREAT	aple St	reet	e. IS RESIDENCE ON A FARM? YES NO
ì			First	Middle	Lost	4. DATE	Moni	lh D	ay Yeor
		Type or print) Emma		V.	Raley	DEATH	Jan.	R	7 19 59
	5. S		E 7. MARRII	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost,birthday)	IF UNDER TYE	The state of the s
Н		FEMALE WHIEE	WIDOWE	DIVORCED 🗍	MARCH II		82 yrs.	Months Days	Hours Min.
	10a.	. USUAL OCCUPATION (Give kind of wor	k done 10b. K	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY?
1	Ĭ	House work		none	PENNSY	LVANIA		U	·S.A.
	13.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
		WILLIAM SHERMA	N		ANN MOW	RY			
		WAS DECEASED EVER IN U. S. ARMED I		SOCIAL SECURITY NO. 17.	INFORMANT		Address		
	1.00	no		none	MEMORIAL H	OSPITAL.	CUMBERI	AND. MAR	RYLAND
		18. CAUSE OF DEATH [Enter only one of	ouse per line	for (o), (b), and (c).]			-00002	11	NTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	(a)	Lobar Pneum	onia, rio	ht:		0	7 days
		490 X DUET		20041 12104					,
V		C 401 11 11 11 1	(b)						
		gove rise to immediate cause (a), stating the underlying DUE TO							
		couse last.	(c)						
	7	PART II. OTHER SIGNIFICANT CO		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GI	VEN IN PART 1(o	19. WAS AUTOPSY
2	CERTIFICATION	Frac	ture	of Left fem	ur				PERFORMED?
	TIFIC	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING	20b. DESCRIBI	HOW INJURY OCCURRED.	Enter nature of injury is	Port I or Port If	of item 18.)		
		CAUSE OF DEATH.	Fel	1 at County	Home (Sy	lvan Re	treat)		
	3	20c. TIME OF INJURY Month, Doy, '		INJURY OCCURRED 20e. PL			or lown)	(County)	(State)
	MEDI	6:30 - Dec .24	958 of we	E . I TOT WITHE MAIL	ounty Hom		umberl	and, al	leg. Md.
		21. I certify that I taak char	ge of the	remains described ab	ove, held an Aut	opsy X, In	spection 🔏	, Inquiry	and in my
		apinion death resulted from: Natural causes A Accident , Suicide , Hamicide , Undetermined manner							
		Onderenmed monner []							
		ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER []							
		19 South	A XI	there to the terms of the terms		EDICAL EXAMINE			
-				relic, M.D.		CAL EXAMINER 2		8, 19	
	220.	BURIAL CREMATION, 226. DATE THER		22c. NAME OF CEMETERY O			ION (City, town,		(State)
	22	Burial 1-11-	59	Hyndman Ce			dman, F		YA LDE
	23.	FUNERAL DIRECTOR'S SIGNATURE	- 0	^		REC'D BY REGIST		ISTRAR'S SIGNA	
		Yarrey N. L	eigle	Hyndman	Pa. DAT	MAN 1 2 '59	Liv	Una S. Kro	uik

METICAL EXAMINERS CERTIFICATE DEDEATH The State of the S dime i direct tres a motes etc. . selfs baskedens | boss winds to the state of the season of in the country of the state of

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may be retained.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00 CEDTICICATE OF DEATH

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U	13	1.3	1	"
V	U	V		No.

30	CERTIFICA	ALE OF DEATH		Reg. Dist. No.
ACCION DE TOPHTAL (If any the company is the company of the company is the company of the company is the company of the company of the company is the company of the compan				
b. CITY OR TOWN (If outside corporale limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	2. DEPATH MARYLAND 1. OR COMPY A	e. IS RESIDENCE ON A FARM?		
		Rt. 4, Will		d YES NO D
DECEASED			OF	
		B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months David House Min
	_		51 yrs	
Machinist B		Craig Coun	nty, Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Floyd Addison Reynolds				
(Yes, no. or unknown) (II yes, give wor or dates of service)				
		. Ella Reyno	lds Cumber	land, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	ina of	fleren	ONSELAND DEATH
/S/X DUE TO				
cause (a), stoting the under-			~	~
(6)	ATRIBUTANC TO DEATH BUT	NOT BELLIED TO THE TENNIS	UL DUFLACE CONTRIBUTION	
O PART II. OTHER SIGNIFICANT CONUTTIONS COP				YES NO PART 1(a) 19. WAS AUTOPSY PERFORMED?
PLACE OF DEATH				
PLACE OF FEATH C. COUNT Allegeny ANAYLAND				
21. I certify that I attended the deceased	fram 3/27/5	7, 19 , to 1/	10/59,19	that I last saw the deceased
7/11/20	" " "		M, from the causes	and an the dote stated above.
ACTUAL SIGNATURE	hems.			
	ams M.D.	122 So. C	entre Street	Allegany reporte limits, write RURAL and give nearest town) lowbrook Road Prook Road P
	MARTIAND MARTIA			
Burial Jan. 13,1959	Application Part	Maryland		
			BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE
ANAPTRIES MANNE COUNTY Maryland County Maryland County Maryland Maryland				
	A 1 COMPAND (Give kind of work done) Section 1 County in the street of refered by the property in the street of refered by the property in the street of refered by the property in the street of the street of refered by the property in the street of the			

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YLAND ST	ATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18	0007
47	CERTIFICATE OF DEATH	Reg. Dis	
	2. USUAL RESIDENCE (Where deceased lived.	If institution, Residence	e before admission)

PLACE OF DEATH o. COUNTY	Allega	п у	MARYLAND		AL RESIDENCE (WHATE Maryle		fived. If institution b. COUNTY				on)
RURAL ond give ne	earest lown)	s, write	3/3/54	0.2			ote limits, write RI	JRAL and	give ned	arest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g Allegany	count	dress) Sy Infirmar	d. ST		aster	n Avenu	10		ONA	FARM?
NAME OF DECEASED (Type or print)	Fire Amy	ŧ	Middle	F	Rice	4. DATE OF DEATH	_		8	,	. EO
sex Female	Mary 1and Mary 1and	R 24 HRS. Min.									
during most of work	ing life, even if retired)	lone 10b. Ki	IND OF BUSINESS OR INDU			_	untry)	-			COUNTRY
, FATHER'S NAME	George B	rant		14. MO	THER'S MAIDEN N	_	ia Ann	033	tei		

MAS DECEASED EVER IN U. S. AI	or dates of service)		P.O.Box 599 Llegany County Infir	Address Cumberland, M mary Records
1B. CAUSE OF DEATH [Enter of PART I, DEATH WAS CAL	JSED BY:		mucarditis	INTERVAL BETWEEN
592X Conditions, if ony, which)	DUE TO	Cereleral	Arterioscler	osis ?
gove rise to immediate couse (a), stating the under- lying couse lost.	DUE TO	Chronic	rephritis.	?

PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED

Hour o. m. While Not while of work of work

20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town)

(County)

(Stote)

21. 1 certify that I attended the deceased from alive on 1/7/59 19____that I last sow the deceosed and that death occurred at 6:35AM, from the causes and on the date stoted above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL PHYSICIAN'S

James E. McLean

Cumberland, Md.

49 Greene St.

220. BURIAL, CREMATION, 22b. DATE TO REMOVAL (Specify) 1/10	HEREOF 22c. NAME OF CEMETERY OF ROSE HILL C		ION (City, town, or county) Derland, Ma.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight	ADDRESS Cumberland, Ma.	24a. REC'D BY REGIST	RAR 246. REGISTRAR'S SIGNATUR	

eral director, be filed with puo 2 the attending physician and completely filled Then please remove carbon papers. Pages 1 event within 72 hours, effect death. in ony or removal, and etached for use as the burial-transit or attending physician cremotion, the registrar prior to burial, OR: TO FUNERAL DIV

death. Page

requires that the death certificate be executed within 24 haurs aft

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VS A15 (4) 15M 9/55

	E OF DEATH	CERTIFICAT	7.	
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	har feedings	13/0/2		4.50
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ton and the state of	001			
			40	
	San Lynnik		oewijo	
12.0 ,u = 6.5			Sauce sparse	
	(3/4/15	1 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3	CALL	pitter 1.12
	ag emosati 64			A DESCRIPTION OF THE PERSON OF
	City best and a	474,103		
		Maria Maria		

THEMP AND STATE DEPARTMENT

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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

42

00074 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY ALLEGANY		MARYLAND	O STATE	here deceased liv	ed. If institution: R b. COUNTY		
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) CUMBERLAND		26 DAYS		outside carporote IBERLAND	limits, write RURA	L and give nea	rest town)
d. NAME OF HOSPITAL MORTASPINO OR INSTITUTION MEMORIAL & WARWICH	HOSPTTAL	955)	d. STREET ADDRESS	GRAND AV	Æ.		e. IS RESIDENCE ON A FARMAY YES NO
3. NAME OF DECEASED (Type or print)	LEGANT ALLEGANY MARYLAND MD ALLEGANY MD COMBERLAND COM	y Yeor 19 5					
	MARYLAND O. STATE MD. b. COUNTY ALLEG MN If outside corporate limits, write reported formula, write reported for repo		IF UNDER 24 HRS. Hours Min.				
Our INDICATION (Give kind of we during most of working life, even if reting the RETIRED Engine	red) B.&	O.Railro	DUSTRY 11. BIRTHPLACE (SIGN				S. A.
3. FATHER'S NAME CHARLES ROACH	1				ggie Sh	oemak	er
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no. or unknown) (If yes, give wor or dates	ORCES? 16. SOCI	AL SECURITY NO. 17		HOSPITAL	Address CUM	BERLAND), MD.
PART I. DEATH WAS CAUSED B HMMEDIATE CAUSI Conditions, if ony, which gove rise to immediate	Y: E (0) TO (b) >>>	your di	tis & Dec	onjen	to		RVAL BETWEEN ET AND DEATH
lying couse lost.	(c) /h	PIBLITING TO DEATH B	LINES.	AINIAI DICEACE CO	ONIDITION CIVENIA	<u> </u>	P. WAS AUTOPSY
ICATIC						IN PART I(0)	PERFORMED?
OR CONTRIBUTING CAUSE OF DEA	TH R)	HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Port II o	of item 18.)		
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While	Not while	PLACE OF INJURY (Home, for factory, street, office bldg., et	m, 20f. (City or the.)	lawn)	(Caunty)	(Stote)
alive on 29 ACTUAL CLARY	7 19 59	, and that dea	th occurred at.	M, from th	ne causes and	on the dat	
							(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	m A	ADDRESS	0	D BY REGISTRAR	24b. REGISTRA		

244 . NU GREETE W. Martin Hards Co. TOTAL THE THE

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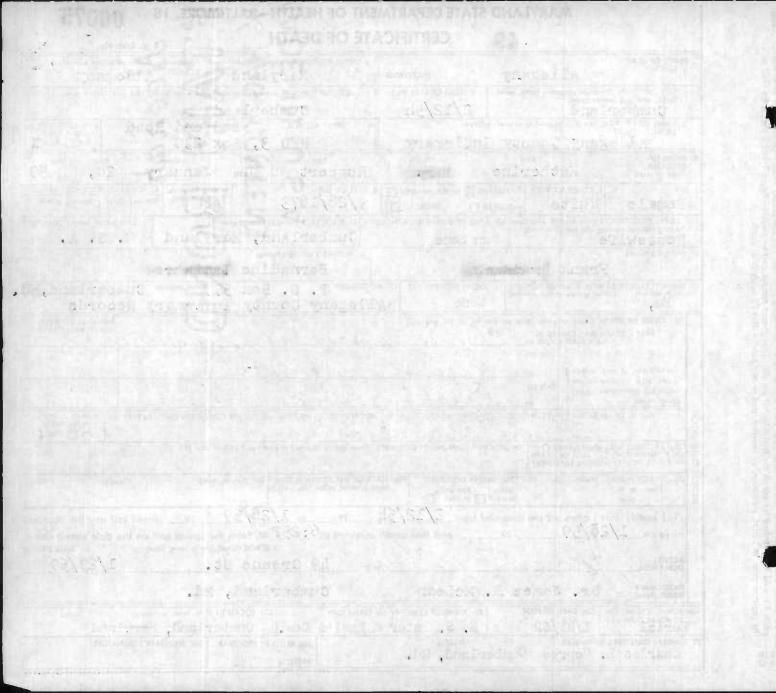
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

49 CERTIFICATE OF DEATH

Reg. Dist. No.

OR INSTITUTION Allegany County Infirmary RFD 3, Box 230 3. NAME OF DECEASED (Type or print) Ratherine Marys Ruppert Ruppert Ruppert Ref (D years
Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) Allegany County Infirmary 3. NAME OF DECEASED (Type or print) Katherine Marys ACCUMBER MARRIED TO B PARE TO BETT HOSPITAL (If not in hospital, give street address) A. STREET ADDRESS Bedford Road C. IS RESIDER ON A FAR ON A FAR ON A FAR OF DECEASED (Type or print) Katherine Marys B. DATE OF BIRTH C. ACE (In years IF LINDER 1 YEAR IF LINDER 1 YEAR IF LINDER 2 YEAR IF LINDER
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Allegany County Infirmary 3. NAME OF HOSPITAL (If not in hospital, give street address) Allegany County Infirmary Bedford Road ON A FAI ON A
OFCEASED (Type or print) Katherine Marys Ruppert DEATH January 28, 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24
b CIVY OF TOWN (If outside coppored limits, write guest of given nearest form) b CIVY OF TOWN (If outside coppored limits, write guest of
during most of working life, even if retired)
Frank Brockman Bernadine Landwehrre
b. CIVITY OF TOWN (If outside copposed limits, write 12/12/51) b. CIVITY OF TOWN (If outside copposed limits, write 12/12/51) c. CIVITY OF TOWN (If outside
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stating the under-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO.
COUNTY Allegany MARYLAND CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/54 C. CITY OR TOWN (if outside copposed limits, write a LIRGH of STAY IN 16 2/12/
actual signature and that death accurred at 6:25 P.M. from the causes and on the date stated of ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 49 Greene St. 1/29/59 PHYSICIAN'S Dr. Towns F. McLean
b COUNTY Allegany b COUNTY OF TOWN (If outside corporate limits, write RUBAL and give nearest fown) CUMD OF LANG CUMD OF LANG
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles I., George Cumberland Md.



TO FUNERAL DIRF page 3 should by

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 81

00076

Rea Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2. USUA O. STA	CITY OR TOWN (If obtside corporote limits, write RURAL and give nearest town) Frostburg I. STREET ADDRESS 4. Wright Street (ast					
RURAL and give n	earest town)	its, write	c. LENGTH OF STAY IN 16	2.2	_					vn}
		give street		MATYLAND H OF STAY IN 1b etime C. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest flown) 2						
3. NAME OF DECEASED (Type or print)	ASTRET ADDRESS Frostburg Lifetime Lifetime Lifetime Lifetime Lifetime Lifetime Lifetime Lifetime Lifetime									
5. SEXT	Allegany Int Or NOWN [If outside corporate limits, write c. LENGTH OF STAY IN 1b Lifetime C. Lifetime Of Lifetime C. Lifetime Of Lifetime C. Lifetime Of Lifetime C. Lifetime Of Lifetime C. Lifetime C. Lifetime C. Lifetime C. Lifetime C. Lifetime	DER 24 HRS.								
10a. USUAL OCCUPATION during most of wor Poultryman	D. CHY OR FOWN [If outside corporate limits, write parts thrown] D. CHY OR FOWN [If outside corporate limits, write parts thrown] Frostburg Allegany C. CHY OR FOWN [If outside corporate limits, write parts thrown] Lifetime Frostburg D. STREET ADDRESS ANAM OF ROUTH (If outside corporate limits, write parts thrown) Lifetime Frostburg D. STREET ADDRESS Lifetime D. DATE OF BIRTH Manually D. STREET ADDRESS Savage DEATH D. DATE OF BIRTH MOUNT (If outside corporate limits, write parts and parts an	T COUNTRY								
	o W. Comm									
b. CITY OR FOWN (If double corporate limits, write authority of the property limits, write authority or morests hown) Frostburg Allegany b. CITY OR FOWN (If double corporate limits, write authority or morests hown) Frostburg A STREET ADDRESS A STREET ADDRESS A STREET ADDRESS SEVER A COLOR OR RACE FIFTY Middle Gai ADART George Sever B. DATE OF BITH AUG. 155th, 1897 A Address ADDRESS (Property limits, write authority or long to the property limits, write authority or long to the property limits, write authority or limits, write authority or limits, write authority or limits, write authority and give nearest form) A NAME OF STREET ADDRESS Sever A COLOR OR RACE THE WHOLL OF MINISTERS IN MINIST	ht St									
Conditions, if or gove rise to i cause (o), stoting lying couse lost.	ny, which had been been been been been been been bee	Hype	ertensive and with Cardiome and prior (Ap	Arteri galy, ril 19	osclero Coronar 58) Myo	y Insu	fficiency l <u>I</u> nfarct	ion,	Years	
PART II. OTI	ACCIDENTIAL (If not in hospital, give sincer oddress) Lifetime Frostburg ANA CO FROSTRIA (If not in hospital, give sincer oddress) Lifetime Lifetime Frostburg ANA CO FROSTRIA (If not in hospital, give sincer oddress) Lifetime Frostburg ANA CO FROSTRIA (If not in hospital, give sincer oddress) Lifetime Frostburg ANA CO FROSTRIA (If not in hospital, give sincer oddress) Lifetime Frostburg ANA CO FROSTRIA (If not in hospital, give sincer oddress) Lifetime Frostburg ANA CO FROSTRIA (If not in hospital, give sincer oddress) Local State Address Local Stat									
20c. TIME OF INJUR	Y Month, Doy, Yes	or 20d. II	NJURY OCCURRED 20e. I	PLACE OF IN	IURY (Home, for	rm, 20f. (City		(Co	unty)	(Stole)
b. COUNTY Allegany b. CITY OR TOWN [If the Rown of the property limits, write and only the property limits, write and only only only only only only only only	ted abave									
220. BURIAL, CREMATIO	N. 22b. DATE THEREC	F	22c. NAME OF CEMETERY		DRY	22d. LOCAT	ION (City, town, o			
		9		ial F					e. ts RESIDEN ON A FAR YES NO Day Year 19th 19 DER 1 YEAR IF UNDER 24 S Days Hours A CITIZEN OF WHAT COL USA STAND DEST AND DEST AND DEST AND DEST MINIERVAL BETWE ONSET AND DEST ONS	1.
		Fno								
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 50

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	Marytano Affegany
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	
Cumberland Zyrs; 11mo; 29d	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Sylvan Retreat	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF First Middle DECEASED (Type or print) Euphemia	Schaub January 4 19 59
5. SEX Female 6. COLOR OR RACE White Widowed Divorced	8. DATE OF BIRTH 11/11/66 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	USTRY 11. BIRTHPLACE (Stole or foreign country) Scotland 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Dunn	Janet Nelson
	INFORMANT Address
	Mrs. Janet Martin, 4201 Monayunk Ave.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 443. Julius.	nary Typestasio Pa. Interval Between ONSEL and DEATH
Conditions, if ony, which) 161 422 muren	en Deal Dequeer ation?
gove rise to immediate cause (a), stating the under-lying couse tost. DUE TO 19 (c) 592	nic rephritis?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	THOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? VES NO
	RED. (Enter noture of injury in Part 1 or Port 11 of item 18.)
20c. TIME OF INJURY Manth, Day, Year While Not while of work of ot work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) (county)
21. I certify that I attended the deceased fram 1660 alive on 1864 3600 1957, and that deat	th accurred at 7150'M, from the causes and an the date stated above
ACTUAL SIGNATURE LARGER & Makeu	M.D. 49 Jacket Street, city or town, stote) DATE SIGNET M.D. 49 Jacket Street, city or town, stote)
PHYSICIAN'S James E. McLean, M.D., 49 Gr	reene St., Cumberland, Md.
220. BURIAL CREMATION, REMOVAL (Specify) 22b. DATE THEREOF F bg. Memo	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) rial Park Frostburg, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
J. R. Durst, Frostburg, Md.	DATE WAN Q '59 Criting & Krans

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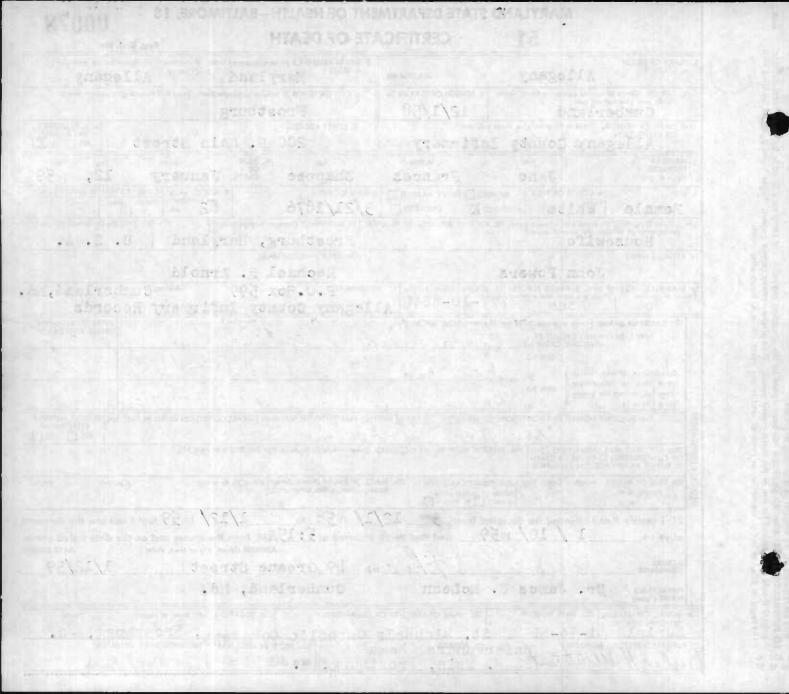
VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

Reg. Dist. No.

)		LACE OF DEATH COUNTY	Allegan	y	MARYLAND	2. USUAL RESIDENCE (WI	here deceased l	ived. If institution b. COUNTY		before odmis	sion)
	b	CUMBE		ts, write	c. LENGTH OF STAY IN 16 12/1/58	c. CITY OR TOWN (IF	outside corporat		JRAL and give	e nearest taw	n)
	d	OR INSTITUTION	any Coun			d. STREET ADDRESS	E. Ma	in Str	eet		FARM?
	0	IAME OF DECEASED Type or print)	Jan		Middle Frances	Shappee	4. DATE OF DEATH	Januar		Doy 12,	Year 1959
	5. SI	Female	6. COLOR OR RACE White	7. MARR	DIVORCED DIVORCED	8. DATE OF BIRTH 3/21/1876	9.	AGE (In years last birthdoy) 2 yrs.	Months Do	YEAR IF UND	ER 24 HRS. Min.
	100.	USUAL OCCUPATIO during most of working House	N (Give kind af warking life, even if retired WITE	dane 10b.	KIND OF BUSINESS OR IND	Frostbur				S. A	
A	13. F	FATHER'S NAME	John Pow	ers	27	14. MOTHER'S MAIDEN P		rnold			
		NAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dates of s	CES? 16. ervicel 27	SOCIAL SECURITY NO. 17. 7-10-6840 A	INFORMANTP.O.BO					nd, Md.
		PART I. DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	1	e for (0), (b), and (c).]	nyocan	detes		7.7	INTERVAL BI	ETWEEN DEATH
		Canditions, if on gave rise to im	mediate	1	rereleval	Certeru	sell.	rosi	7,~	?	
	-	couse (a), stating t lying cause lost.	he under-	1 0	hronia 1	alvulas	Hea	ertal	seen	,	
0	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	on	ic hep	Fritz		STAIL	EN IN PART 1	PERFO	AUTOPSY DRMED?
		20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCKURR	ED. (Enter nature of injury in	Part I or Part II	l of item 18.}			
	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Ye	20d. IN While at wark	Not while	LACE OF INJURY (Home, form actory, street, affice bldg., etc	n, 20f. (City a	r town)	(Cou	inty)	(Stote)
		21. I certify the alive an	at I attended the	decease /, 195	9 and that deat	/1/, 1958, to h accurred at 5:15	AM, fram ADDRESS (Sire	et, city or town, s	nd an the	date stat	
1		PHYSICIAN'S NAME (Type)	Dr. Jame	s E.	McLean	Cumberl	and, N	1d.	~		
		BURIAL, CREMATION REMOVAL (Specify) Burial	1-14-59		22c. NAME OF CEMETERY	s Catholic	Ceme te	ON (City, town, o	ostbu		d.
	23 / Se	ulah H.	llowlesant?	lafer 23 E.	Funeral Hor	ne 240. REC	D BY REGISTRA	AR 24b. REGIS	Thun S. 1		



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			52		CERTII	FICA	TE OF L	EATI	Н			Reg. D	Dist. No		
1.	PLACE OF DEATH	Allegan	y		MARYL	AND	2. USUAL RESI	DENCE (W			If institution			gany	
		f outside corporate limi	its, write	c. LEN	IGTH OF STAY I	N 1b	c. CITY OR	TOWN (If	outside corpo	orote limi	ts, write RI	URAL ond	give ne	prest low	1)
	RURAL and give no	erland		9	/17/58	3	02 3	05 D	ecati	nr S	tree	at.	Cami	herl	and
	d. NAME OF HOSPIT	'AL (If not in hospital, g	give street	address)			d. STREET A		,0000	V-L (-	,0100	,,,	O CAIL	e. IS RES	
	OR INSTITUTION	Allegany	Cour	ty	Infirm	nary	3	105 D	ecati	ur S	st.				NO
3.	NAME OF DECEASED	Fig	rst		Middle		Las	ıt	4. DATE		Man	th	Do	ıy .	Year
	(Type or print)	Mar	Y	N	fatilda	1	Sharp		DEATH	Ja	nuar	M	27		1959
5.	SEX	6. COLOR OR RACE	7. MARE	RIED	NEVER MARRIE	D 🔲 8	DATE OF BIRT	Н		9. AGE		IF UNDE	_	-	ER 24 HRS.
	Female	White	WIDOW	ED 🔀	DIVORCED		5/6/18	185		73	pirthdoy) yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND C	F BUSINESS OF	RINDUST	RY 11. BIRTHPL	ACE (State	ar foreign c	country)		12. C	ITIZEN C	F WHAT	COUNTRY
	Housewil	ing life, even if retired	1				Pen	nsyl	vania	1			U.	S. A	
13.	FATHER'S NAME						14. MOTHER'S	MAIDEN	NAME						
	V	Villiam A	. Ma	rti	n		M	lary	M. Be	eame	r				
		R IN U. S. ARMED FOR		SOCIAL	SECURITY NO.	17. IN	FORMANT P.	0.	Box F	599	Addr	ess C11	mbe	rlar	d, Mo
(Te	is, no, or unknown)	(If yes, give wor or dates of t	iervice)				llegan		-						
	18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (c), (b), and (c).1			4					INT	ERVAL 8E	TWEEN
		TH WAS CAUSED BY:			KOR	ses	are,	1 -	~ 00	4 -	5 (ON	SET AND	DEATH
	11201	IMMEDIATE CAUSE (c		-	0	-	1	0	<u> </u>	000		1	-	4	all
	Candidan 16			11	10-00	5	and he	1	, , 0	10	10001		4.	2	
	Conditions, if o	mmediate	,	-70	inco		ego u	ALEE!	1011	Vix	Reel	ras	202		
	lying couse lost.	the under-		de	erele	ra	e a	rh	ino	Se	Cere	210	5	?	
NO	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIE	BUTING TO DEA	TH BUT N	OT RELATED TO	THE JERM	INAL DISEAS	E COND	ITION GIV	EN IN PA	RT 1(a)		AUTOPSY RMED?
CERTIFICATION			hro	n	co y	re.	pfre.	Ke.	0					YES [
TIF	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE H	OW INJURY OC	CURRED.	(Enter nature o	f injury in	Part I or Par	rt II of ite	m 18.)	100			
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				9									
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. II	NJURY C	OCCURRED	20e. PLAC	E OF INJURY	Home, form	n, 20f. (City	y or town	1)		(County)	1 - 1	(State)
AEDI	Hour a.m.	19	While		of while work	tocio	ory, street, office	bldg., etc	E.)						
-		at I attended the				/58	10		1/27/	/EQ	10			-	
	-	26/50	deceas				, 19		4/61/	22	, 19	.,that I	last s	aw the	decease
1	alive an	20/37	, 19		, and that	death (accurred at	2:12					the da		
-	ACTUAL (/		7.	2	cho	, .		11-	ADDRESS (S	irreer, ciry	or lown,	store)		0/	ATE SIGNE
	SIGNATURE	acello	(0)	10	rea	U M	.D	49	-11	CLL	RES	1		1	27-0
	PHYSICIAM'S														
00	NAME (Type)														
220	BURIAL, CREMATIO	N, 226. DATE THEREC	- q	22c. N	NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (CI	ty, town, c	S county)		(Stot	e)
	Durial	1/30/	/	12	nota	(-	en.		tno	ta		en	na	-	
23.	FUNERAL DIRECTOR	SSIGNATURE	0	A	DDRESS	1	ha O	24a. REC		TRAR	24b. REGIS			RE	
6	Laurs,	alen b	enc		(rund	- /	10	DATEJA	N 3 0 '5	7	Uri	mun S.	. Three	4	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRY

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be retached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 stathe registrar prior to burial, cremation, ar removal, and in any event within 72 house-effer death. TO FUNERAL DIRE
page 3 should be TO HOSPITAL OR

VS A15 (4) 15M 10/57

be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

53 . CERTIFICATE OF DEATH

an Dist No.

00080

C	10			Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	Residence before admission) ALLEGANY
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16 46 DAYS	c. CITY OR TOWN (IF O	outside corporate limits, write RUF	(AL and give nearest town)
OR INSTITUTION MEMORIAL MOSTAL MEMORIAL & WARWICK AVE.	TALSS)	d. STREET ADDRESS 927 BRAD	DOCK ROAD	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) LUC I ND.	Middle A	SHATZER	4. DATE Month OF DEATH JAN	Day Year UARY I 19 59
5. SEX 6. COLOR OR RACE 7. MARI	the state of the s	SEPT. 6		FUNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar fareign country)	12. CITIZEN OF WHAT COUNT
SAMUEL GAREY		14. MOTHER'S MAIDEN I		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, ng, or unknown) [If yes, give wor or dotes of service]	SOCIAL SECURITY NO. 17.	MEMORIAL HOS	Addres PITAL, CUMBERLA	
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.	const episole vertensis and a	corchel 70	tie Vasenle	
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS	ui Fraction	e stile	mu 16 m	IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LY CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	est slyped	D. (Enter nature of injury in Wheel C	Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. II Haur a. m. // My 195 (While p. m. // My 195 (John war	Not while 10	ACE OF INJURY fHame, form ctary, street, affice bldg., etc	Cunferlad	allegmy me
21. I certify that I attended the deceas alive an 1900.	1. 10		DAM from the causes and	that I last saw the deceased an the date stated aba
ACTUAL SIGNATURE W. Celfol V.	inoime	M.D. 122 5.	ADDRESS (Street, city or town, sto	DATE SIGN
PHYSICIAN'S W. A. VAN ORME			erline md.	<i>V</i>
220. BURIAL, CREMATION, 22b. DATE THEREOF PERMOVAL (Specify) 1/3/59	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, lown, or	(State) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .	19 Q . DATE	D BY REGISTRAR 24b. REGISTA	RAR'S SIGNATURE

VS A15 (4) 15M 10/57

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	CATE OF DEATH	CERTIFIE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00081

99 CERTIFICATE OF DEATH

Rea. Dist. No.

	3.4			Reg, Dist. 146,
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (WHO MARY Land	nere deceased lived. If institu b. COUNT	tion: Residence before admission) Llegany
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) Oldtown, Md.	60yrs	c. CITY OR TOWN (IF o		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Oldtown Maryland	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) James	Middle H. Shaw	Lost	4. DATE MO OF DEATH Janusry	Doy Year IS, 19 59
M W w	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 2. 18		Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor	Railroad Tie	STRY 11. BIRTHPLACE (Stole	or foreign country) ington Coun	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Charles E. Shaw		Virginia	Taylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, no or unknown] [(If yes, give wor or dates of service		NFORMANT	Ad	dress
No	232-IO-555I B	Clarence S	Shaw Oldtown	n Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoting the <u>under-lying</u> Couse lost.	Detwicker	tic Cardio	- Threular	ONSET AND DEATH 3 LAS
PART II. OTHER SIGNIFICANT CONDITI				IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO KET
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Port I or Part II of item 18.)	
Hour a.m.	20d. INJURY OCCURRED 20e. Pt While Not while fo of work 0 twork	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.	, 20f. (City or town)	(County) (State)
21. I certify that I attended the de alive an ACTUAL SIGNATURE ALWAY. PHYSICIAN'S NAME (Type) Clay E. Duri	1959, and that death	accurred at I: I5	M, from the causes ADDRESS (Street, city or town	mbulul 1/13,
220. BURIAL CREMATION, 226. DATE THEREOF BUREMOVAL (Specify) I - I5-59	22c. NAME OF CEMETERY O		22d. LOCATION (City, lown, Old town, Md.	or counly) (State)
23. FUNERAL DIRECTOR'S SIGNATURE PElli	i Cumber land, M	d . 240. REC'D		ISTRAR'S SIGNATURE

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	THE RESERVE						

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5% CERTIFICATE OF DEATH

04	OPKINIO.	AIL OI L	-			Reg. Dist. I	Vo.	
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIL	DENCE (Whe	re deceased liv	b. COUNTY	n: Residence b	efore admissio	on)
RURAL and give nearest town) CUMBERLAND	GTH OF STAY IN 16		OWN (IF OUT BERLA		limits, write RL	URAL ond give	nearest town)	
d. NAME OF HOSPITAL (If not in hospital, WARW) CHEST OR INSTITUTION MEMORIAL HOSPITAL AVES		d. STREET A		TTE STE	REET		e. IS RESIL ON A I	FARM?
	Middle CHESTER	SHE IRER		4. DATE OF DEATH	JA NUA			59
5. SEX 6. COLOR OR RACE 7. MARRIED MALE WIDOWED	DIVORCED	8. DATE OF BIRTH	2.1	918	last birthday) yrs.	Months Doy		Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Salesman T. V.	Supply Co	PEN	NSYLVA		try)		S. A.	COUNTR
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NA	ME				
WILLIAM SHEIRER		ANN.	IE ST	UBY				
(Yes, no. or unknown) (If yes, give war or dates of service)		MEMORIAL	HOSPI	TAL CU	MBERLAN		LAND	
18. CAUSE OF DEATH [Enter only one couse per line Set (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the under- lying cause last. (c)	ouar	J Ik	teri	esel	0,02	is	NTERVAL BETT	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI						EN IN PART 1(o	PERFOR	MED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter nature al	finjury in Po	rt I or Port II	of item 18.)			
	CCURRED 20e. PL. for while work	ACE OF INJURY () ctory, street, office	dome, form, bldg., etc.)	20f. (City or	town)	(Count	(y)	(Slate)
21. I certify that I attended the deceased from alive an, 19 59	, and that death	accurred at	3;00P	M, fram II DDRESS (Street	he causes a	that I last and an the controls	late stated	
REMOVAL (Specify)	AME OF CEMETERY O		2		N (City, town, a		(State)	
	se Hill Cen	etery	24- PEC'D	BY REGISTRAR	mberlan	TRAR'S SIGNAT	LIDE	
Charles L. George, Cumberla			DATEAN 1	9 '59		47 S. Kras		

CEANING OF ESCHMIAG-HURSE TO BE		
The state of the s	ADMITTED A	
	AND THE RESIDENCE OF THE PARTY	
		1
	ASSESSMENT OF STREET	

VS A1S (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

55 CERTIFICATE OF DEATH

8 00083 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY ALL	EGANY		MARYL		o. STATE PE		NIA. COUNTY		e before od	
RURAL and give n	BERLAND		c. LENGTH OF STAY I		c. CITY OR TOWN (I	If outside corpo NDMAN	rote limits, write R	URAL ond gi	ive nearest t	own) /
d. NAME OF HOSPI OR INSTITUTION MEMOR AL	HOSPITAL V		AL & CK AVE		d. STREET ADDRESS				01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	MARGA	RET	Middle BERTHA		SHUMAKER	4. DATE OF DEATH	Mon JAN		Day	Yeor 19 59
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED	_	SEPT. 6		9. AGE (In years last birthday) 72 yrs.		Doys Hou	NDER 24 HRS.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired WFE.	dane 10b.	KIND OF BUSINESS OF	INDUSTRY		BERLAND			ZEN OF WI	A .
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	HIRAM B. W					JEN	NIE HITE			
1\$. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO.	17. INFO		AL HOSP	TIAL		CUMBER	LAND, MD
Conditions, if of gove rise to it couse (o), stoting lying cause lost. PART II. OTI 200. ACCIDENT W. OR CONTRIBUTING UT	the under-	0)	metus COLU CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER	RMINAL DISEASI	E CONDITION GIV	EN IN PART	PEI	AS AUTOPSY RFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	nter nature af injury i	in Port I or Port	If of item 18.)			
20c. TIME OF INJUI Hour o. m, p. m.	RY Month, Day, Ye	While at work	Not while	20e. PLACE foctory	OF INJURY (Home, fo , street, office bldg., e	etc.) 20f. (City	or town)	(Ce	ounty)	(State)
21. I certify the alive an	B.M.	12.	bendler J. MIRKIN	death ac	, 19 5 8 to_ curred at 7 to_		the causes of reet, first to town.	nd an th		ne deceased ated abave. DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	1-12-59		Hyndman		ematory emetery		ion (City, town, ondman, Pa		(:	itote)
23. FUNERAL DIRECTOR	's SIGNATURE 7	10	ADDRESS Hyno	lman.		C'D BY REGIST		STRAR'S SIGI		

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an estam				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No.

								9		
1. PLACE OF I			MARYL		USUAL RESIDENCE (W		ived. If institution b. COUNTY			on)
	TOWN (If outside corporate limind give nearest town)	ils, write c. LE	HIGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	outside corporot	e limits, write R			
OF INST	TUTION HOSPITAL (If not in hospital	Give street addres	a (1	d. STREET ADDRESS 20 Brade		oad		e. IS RESI ON A YES	FARMP
3. NAME OF	Fi	rst	Middle		Lost	4. DATE	Mon	ith D	gy Y	eor
(Type or pri	int) Ro	yal	Clif	ton S	kidmore	OF	Januar	y 24	th,	4
5. SEX	6. COLOR OR RACE				TE OF BIRTH	-	AGE (In years	IF UNDER 1 YEAR		
Male	White	WIDOWED [DIVORCED	J	an. 2nd.	1913	lost birthdoy) 46 yrs.	Months Doys	Hours	Min.
100. USUAL O	CCUPATION (Give kind of work	done 10b. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZEN	OF WHAT	COUNTRY
Marca	Coal Operula	2 1	oal	-	Maryla	and	557	U	SA	
13. FATHER'S	NAME /			14	MOTHER'S MAIDEN	NAME	27-54			
	lifton Skidme	ore			Priscil!	la Bro	de			
15. WAS DECE		RCES? 16. SOCIA	AL SECURITY NO.				Add	"20Brac	idocl	c Rd.
4.0	WW. TE	217-	10-5449	Mrs.	Marion S	kidmor	e, Fro	stburg.	Md.	
	RT I. DEATH WAS CAUSED BY:	. mal	(6), (b), and (c).]	ent	Hypes	ton	illin	INT	ERVAL BET SET AND	WEEN
44 Condition	DUE TO		er Vag	rul	el Rong	0 1	Lalas	6 6	Sene	1
	, stoting the <u>under-</u>	-					37.	1	7	
CATION	RT II. OTHER SIGNIFICANT CON	NDITIONS CONTR	RIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(0)	PERFOR	UTOPSY MED?
200. ACCI	DENT WAS UNDERLYING ARIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (En	ter nature of injury in	Port I or Part II	of item 1B.)			
	OF INJURY Month, Day, Ye r o. m. p. m. 19	While	OCCURRED Not while of work	70e. PLACE (factory,	OF INJURY (Home, forn street, office bldg., etc	n, 20f. (City or	town)	(County)		(Stote)
21. I ce alive ar	11187	deceased fr ., 195 g		SO death occ	, 19 , ta 7 purred at /1:32		/		ite state	
PHYSICIAI NAME (Ty	PO W. O. McLa				167 E. M				Md.	
Burial, C	al 1-27-5	9 F	bg.Mem		T	THE LAW COUNTY OF	tburg,	or county)	(Stote	,
23. FUNERAL D	DIRECTOR'S SIGNATURE		ADDRESS			D BY REGISTRA		STRAR'S SIGNATU		
Jose	ph R. Durst,	Fros	tburg,	Md.	DATEN	2 8 '59	arth	47 S. Kraus		

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thend:	please c	within 72 hours after death	-
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	1	1
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CERTIFICATE OF DEATH

	<u> </u>			Reg. Dist. No.
o. COUNTY Allegany	MARYLAND		there deceased lived. If institution b. COUN	tution: Residence before odmission) NTY Allegany
b. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) Frostburg	LENGTH OF STAY IN 16		outside corporate limits, write thurg	e RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street odd OR INSTITUTION W. Main St.	dress)	d. STREET ADDRESS	V. Main St.	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First DECEASED (Type or print) LENA	Middle	SMITH	OF	worth Doy Yeor 21, 1959
female white WIDOWED			9. AGE (In year lost bighdo)	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN (Cell 11 to 12 to 13 to 14 to 15 to	nd of Business or Indianese Corp	. Mary	land	U. S. A.
Elmer Smith		14. MOTHER'S MAIDEN	Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	0	INFORMANT rs. Robt. N	A	Cumberland, Md.
PART I. DEATH Enter only one couse per line in the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	for (o), (b), and (c).]	idiae &	latation of ficiones	INTERVAL BETWEEN ONSET AND DEATH SURGE AND DEA
PART II. OTHER SIGNIFICANT CONDITIONS CON				GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDY YES NO
UR CONTRIBUTING LI CAUSE OF DEATH			Port 1 or Part 11 of item 18.)	•
Hour a.m. While		LACE OF INJURY (Home, for ictory, street, office bldg., et		(County) (State)
21. I certify that I oftended the deceased olive on 121 195	7 11 0	n accurred at (2)	M, from the couse: ADDRESS (Street, city or tow	1 00 00 00 00
PHYSICIAN'S W. O. McLan			rostburg, 1	
Burra 1 1-24-1959	Eckhart C		Eckhart	
J. R. Durst, Fro	stburg, Md			GISTRAR'S SIGNATURE

Section of Street		STATE DEPARTMENT	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 56 **CERTIFICATE OF DEATH**

00086 Reg. Dist. No.

1.	. COUNTY A	llegany		MA	RYLAND	o. STATE	Mary	land	b. COUNTY		lle		n)
	b. CITY OR TOWN (II RURAL and give ne	autside carporate limi arest tawn Cumber	ts, write Land	c. LENGTH OF STA		c. CITY OR		coning	e timits, write R	URAL ond	give nec	arest fown)	
	d. NAME OF HOSPITA OR INSTITUTION	Sylvan Re	ive street			d. STREET		old St	reet			e. IS RESID ON A F	ARM?
	NAME OF DECEASED (Type or print)	Fir Mary	st	Midd	ile	Smi		4. DATE OF DEATH	Janua		16	1	59
1	sex Pemale	6. COLOR OR RACE White	WIDOW	- Carrier In	CED 🔲	B. DATE OF BIRT	9/80	100	AGE (In years lost birthdoy) 78 yrs.	IF UNDER Manths	1 YEAR Days	Hours	24 HRS. Min.
100	. USUAL OCCUPATIO during most of work Housewi:	N (Give kind of work or ing life, even if retired) Le	done 10b.	KIND OF BUSINESS	OR INDU		arylan		try)		S.A	F WHAT C	OUNTRY?
13.	FATHER'S NAME					14. MOTHER"	MAIDEN N	AME					
	Robert :	Barkley				Mary	Frazi	er					
15. (Ye		IN U. S. ARMED FOR		SOCIAL SECURITY N			ames		Lone	aconi	ing	, Md.	
CERTIFICATION	PART I. DEAL 420.0 Conditions, if on gave rise to in couse (o), stoting I lying couse lost. PART II. OTH	en mediote he under: DUE TO (c) ER SIGNIFICANT CONT DUE TO (c)	ditions of	331 Contributing to contributing the contributing to contributing the contributing the contributing to contributing the contribu	Los	eral cocl cal a NOT RELATED TO		CHE C	Ceros on Onto Onto Onto Onto Onto Onto Onto O		ONS	P. WAS AL PERFORMYES	DEATH ,
MEDICAL CERTII	20g. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o.m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)		NJURY OCCURRED Not while	20e. PL	D. (Enter nature of ACE OF INJURY ctory, street, affic	(Home, form,	20f. (City or		((County)		(State)
	ACTUAL SIGNATURE	James E. Mo	Z, 195	In Lea	RC:16	occurred at 49 G	3/200	DORESS (Stree	he causes of city or town.	and on the	he dat	le stated	
220		1/18/		22c. NAME OF CE	METERY O			22d. LOCATIO	N (City, lown, o	or county)		Md.	
23.	FUNERAL DIRECTOR'S George E			ADDRESS Lonaconi	ng,	Md.	240. REC'D	BY REGISTRAI		STRAR'S SIC	2 10		

may be retained by the haspital or attending physician.

2 FUNERAL DIRE R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be ached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar removal, and in any event within 72 haugs after death. TO FUNERAL DIRE
page 3 should be TO HOSPITAL OR VS A15 (4) 15M 10/57

eral director, be filed with

death: Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

the registrar priar to burial,

TO FUNERAL DIRE
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11 tem 12 FilmG238 2-2-59 et
CERTIFICATE OF DEATH

		3							Kes	g. Dist. No	9,	
1. PLACE OF DEATH a. COUNTY	Allegany		MARY	LAND	2. USUAL RESIDE	NCE (Who		d lived. If inst b. COU	NTY .	sidence bef		on)
b. CITY OR TOWN RURAL and give r	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If or)
OR INSTITUTION	ral (If not in hospital, g				d. STREET ADD							DENCE FARM?
3. NAME OF DECEASED (Type or print)	W1111		Middle H •		Smit	h	4. DATE OF DEATH	Janua	Month Ty	-		reor 1959
5. SEX Male	6. COLOR OR RACE White	WIDOW		0 0		th,			oy) Mar	NDER 1 YEA	R IF UNDE Hours	R 24 HRS. Min.
RetCur	ON (Give kind of work thing life, even if retired ing Room		elly Spri			Engla		ountry)	12	U.S.		COUNTR
13. FATHER'S NAME	udas Candala				14. MOTHER'S M							
	nin Smith ER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	17 18	Saral FORMANT	n Ja	ne B		Address			
(Yes, no, or unknown)	(It yes, give war or dates of s		13-10-498		Mrs.Pear	rl S	mith			ian.	Md.	
PART I. DE. 4443 X Conditions, if gove rise to couse (o), stoting lying cause last.	the under-	7/1	Hype !	de	nsig	ng.	uf f	lica	ines	5	Gerece 4-80	col.
3	THER SIGNIFICANT CON								- 5	PART 1(o)	PERFO	RMED?
G (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY O	CCORKED	. (Enter noture of it	njury in P	art I or Fart	t II of item IB.	,			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	20d. It While of worl	NJURY OCCURRED Not while of wark	20e. PLA fac	CE OF INJURY (Ho ory, street, office b	me, form, ildg., etc.)	20f. (City	or town)		(County)	(State)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the	decease , 195	~0 1/	5 5 death	accurred at			n the cause	and o		ate state	
Burial, CREMATIC Burial Specify		F	F bg Men	etery or nori				ion (city, to		inty)	(Stote	
23. FUNERAL DIRECTOR			ADDRESS		2		BY REGIST	RAR 24b. R	EGISTRAR	'S SIGNATU		
Joseph F	R. Durst,	Fre	ostburg,	Md.	D	ATE J	AN 29	'59	Crim	47 8. TU	rau4	

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Reg. Dist. No.

1	o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (V	Where deceased liv	ed. If instituti b. COUNTY	Allego	efore admiss	sion)
>	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II			9		n)
	RURAL and give nearest town) Cumberland.	Lifetime		land, Md				
	d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	barra , ma	•		e. IS RES	SIDENCE
9	DOA Memorial Hospita	1	/ IO8 Blan	17 Ave.			ONA	FARM?
	3. NAME OF First	Middle		4. DATE				
	DECEASED (Type or print) John Wm.	Snyder	lost	OF DEATH	Jan.		DEO	Yeor 1959
	S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. /	AGE (In years	IF UNDER 1 YE	AR IF UND	ER 24 HRS.
	M WIDO	WED DIVORCED	May 2, 190		ast birthday) 28 49rs	Months Day	s Hours	Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Police Dept.	ity of Cumbe		e or foreign count		12. CITIZEN	OF WHAT	COUNTRY
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		,	0.58	-	
1	Henry Snyder		Georgia	Llewel	lvn			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. I	NFORMANT	2201102	Add	ress		
	[Yes, no or unknown] (If yes, give wor or dates of service)	214-05-5632	Bertha Sr	nyder I	08 Bla	ul Ave		
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).]	westh	renga	fe.		NTERVAL BE	
	Conditions, if ony, which (b)	or and	in Cir	ton &	like	exp	5.	4-6-
	gove rise to immediate couse (o), sloting the under-			/			-	
	/ (0)	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TER	AINIAI DISEASE CO	NIDITION GIV	(ENLINE DART 1/-	110 WAS	ALITOREY
7	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		THE TEXT	WITH DISEASE CO	JADINON OIV	LIA IIA LYKI IIO	PERFC	RMED?
		SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II o	of item 18.)			
	Hour o.m. While		ACE OF INJURY (Home, for clory, street, office bldg., e		own)	(Coun	(y)	(Stote)
	21. I certify that I attended the decedalive on 19.55 5 9., 19. ACTUAL SIGNATURE	ased from 1/19 and that death	7, 19 , to , accurred at 4:30	M, from the ADORESS (Street,	e causes o	,that I last and an the a state)	date state	
/	PHYSICIAN'S Richard J. Wi	lliams I22 l	V. Centre S	St			/	//
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, o	or county)	(Stote	e)
	Burial II-I9-59		Burial Parl	d Cumb	erland	l, Md.	COLUM	
1	23. FUNERAL DIRECTOR'S SIGNATURE TELES F. SCALPELL	Cumberland, M	d DATE	D BY REGISTRAR N 2 0 '59	24b. REGIS	STRAR'S SIGNA	TURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shither registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNERAL DIRY
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VS A15 (4) 1SM 10/57

heral director,

	LETTER OF THE	ASKITETS
	THE OWNER IS NOT BEEN AS A SECOND	HM (1986) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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OR ALIENDING PRINCIPALIAN: The law requires that the death certificate be executed within 24 haurs after death. Fage 4		DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the peral director,	ed-with	1
death.		perol	5 be fil	
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2 2	ined by the hospital ar attending physician.	DIRE	ld bl	prior to burial, crematian, ar remaval, and in any event within 72 hours ofter death;

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 58

CERTIFICATE OF DEATH

00089

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	llegany	MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where decease aryland	ed lived. If instituti b. COUNTY		
b. CITY OR TOWN (If our RURAL and give neares Cumberla)	t town)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOW		orate limits, write R	URAL and give r	searest tawn)
d. NAME OF HOSPITAL (I OR INSTITUTION Memorial I		reet oddress)	d. STREET ADDR	ene St.,			e. IS RESIDENCE ON A FARM? YES NO L
3. NAME OF DECEASED (Type ar print)	First INEZ	Middle	STARKE	4. DATE OF DEATH	Mor Jai		0ay Year 6, 19 59
5. SEX Female 6.	1071 - 1 A -	AARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 13, 1	891	9. AGE (In years lost birthday) 67 yrs.	Months Days	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (of during most of working Decorator	Give kind of wark dane life, even if retired)	10b. KIND OF BUSINESS OR INDU Pottery Busines		(Stote or foreign		U. S	OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME			
Joseph Gr	reynolds		Sarah	Ramage			
15. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress	Md.
No,	, give war or dates of service)		s. Sadie E	. Triple	tt 112 G	reene St	
PART I. DEATH V	VAS CAUSED BY: AEDIATE CAUSE (a) DUE TO which (b)	Proucho P.	neum	atoris	Jermu		ITERVAL BETWEEN NSET AND DEATH
couse (a), stating the silving cause last.) (c)	NS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE	TERMINAL DISEA	4 -	(EN IN PART I(a)	10 WAS ALITOPSY
ICATIO						ELA HATCH I (O)	PERFORMED?
PART II. OTHER S	DERLYING 20b. CAUSE OF DEATH CAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of inju	ry in Part I ar Pa	rt II of item 18.)		
ZOc. TIME OF INJURY A Hour a. m. p. m.	. W	d. INJURY OCCURRED 20e. Pt hile Nat while fo wark at wark	ACE OF INJURY (Home ctory, street, affice bldg	o, form, 20f. (Cit g., etc.)	y or tawn)	(Count	y) (State)
21. I certify that I alive on	26-,1 elic &	eased from Sc 1- 259,, and that death OAug Luty gherty, M.D.	M.D. TUR	ADDRESS (S		and an the distance	Md 1 /2 6/5
220. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF 1/28/59	Wolf Cemeter			Clare, W		(State)
23. FUNERAL DIRECTOR'S SIG Charles L.		ADDRESS aberland, Md.	240	REC'D BY REGIS	TRAR 246. REGI	STRAR'S SIGNAT	

	CERTIFICATE OF BEATH	
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VS A15 (4) 15M 10/57 60

MARYLAND	STATE DEPARTMEN	T OF HEALTH—BALTIMORE,	18
Item	8 FilmG238 1-2	3-59 et	

59 CERTIFICATE OF DEATH

Reg. Dist. NO 090

	1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WO. STATE PENNSYL		b. COUNTY	idence before o	dmission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mils, write RURAL	ond give nearest	town)			
)	d. NAME OF HOSPITAL (IMEMORAL A LINE HOSP OR INSTRUCTION MEMORIAL & WARWICK AV	d. STREET ADDRESS WELLERS	BURG			S RESIDENCE ON A FARM? ES NO				
	3. NAME OF DECEASED (Type or print) EARL	Middle ROBERT	STURTZ	4. DATE OF DEATH	Month JANUAR	Y 13	Yeor 19 59			
	5. SEX 6. COLOR OR RACE 7. MARRI MALE WIDOWE 100. USUAL OCCUPATION (Give kind of work done) 10b.	D X DIVORCED	MAY 12-/49	394 19	5 birthdoy) Mont		ours Min.			
	Retired Coal Miner	Coal Mining	WELLERS	BURG, PE	Mark and the second	U.S.A.	VHAT COUNTRY?			
	13. FATHER'S NAME	-7	14. MOTHER'S MAIDEN							
	HIRAM STURT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1		DREW WI	TT	4.11					
	Yes, go or unknown) (It yes, give war or dates of service)		MEMORIAL HOSP	ITAL	CUMBER	LAND, M	ARYLAND			
	1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Coronary	Heart Dis	ease			AL BETWEEN AND DEATH YEAN			
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions, if ony, which (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	WAL DISEASE CON	IDITION GIVEN IN	PART 1(a) 19 V	WAS AUTOPSY			
9	CATI					P	S NO			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of	item 18.)					
	Hour o.m. While	IJURY OCCURRED 20e. PL/ Not while for of work	ACE OF INJURY (Home, for lory, street, affice bldg., ex	m, 20f. (City or to	wn)	(County)	(Stote)			
	21. I certify that I attended the deceased from 5 - 11, 1958, to 1-13, 1959, that I last saw the deceased alive on 1-13, 1959, and that death accurred at 1:13 P.M., from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED 62 3 - 44-54									
1	PHYSICIAN'S NAME (Type) P. BALLIN		M.D	clered	Ma					
	220. BURIAL, CREMATION, REMOVALISMENT Jan. 16, 195	22c. NAME OF CEMETERY OF 8 Otterbein	Cemetery		City, town, or cour		(Stote), Pa.			
	23. FUNERAL DIRECTOR'S SIGNATURE Jelala.	ADDRESS Hyndman, Pa		D BY REGISTRAR	24b. REGISTRAR					

26.		DELATE TO THE		ATE OPIARY		
		HIARD TO STA	OHIERO.			
					THE REAL PROPERTY.	
			Children is so			
4.6	90 A	10				
MAY (SAIS)		Tional lands				
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	Transfer			Teller, Teller,	, are I m	
		March 1	dinning.			

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		25		CEKIIF	CAI	E OF DEA	IH			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY A1	legany			MARYLA	[1	USUAL RESIDENCE		eased live	& COUNTY	on: Reside	-	ore admis	sion)
b. CITY OR TOWN (If a RURAL and give near	outside corporate limi	ts, write	c. LENGT	H OF STAY IN	16	c. CITY OR TOWN	(If outside c	orporate 1	imits, write R	URAL ond	give ne	arest tow	n) /
Fro	stburg		5	yrs.		Piedmo	ont			85	X -	3	4
d. NAME OF HOSPITAL	. (If not in hospital, g	ive street	oddress)			d. STREET ADDRES	SS					e. IS RE	SIDENCE A FARM?
	Miners	Hos	pita	1		77 E.	Hamp:	hir	е				NO [2]
3. NAME OF DECEASED (Type or print)	Ch	arle	s	Middle Amer		Suter	4. DA OF DE	TE ATH	Jan	wary		L8	Yeor 19 59
5. SEX Male	White	7. MARR		VER MARRIED DIVORCED [ATE OF BIRTH July 11,	1866	9. A	GE (In years burthday) yrs.	# UNDE	Doys	Hours	ER 24 HRS. Min.
100. USUAL OCCUPATION during most of working Retire	g life, even if retired)	KIND OF B		NDUSTRY		State or farei	n cauntry	')		J.S.		COUNTRY
13. FATHER'S NAME					14	I. MOTHER'S MAID	EN NAME						
Jacol	b Amer S	Sute	r			Isabe	elle I	Walk	er				
15. WAS DECEASED EVER I	N U. S. ARMED FOR yes, give wor or dates of s		SOCIAL SE	CURITY NO.	17. INFO	erdes An	ner Si	iter					llege, Md.
18. CAUSE OF DEATH	f (Enter only one co	use per lir	ne for (a)	ib) and (c)]		22200 711	101 5		01.	2.1.0		ERVAL B	
PART I. DEATH	WAS CAUSED BY:	A			mat	ic Heart	Dia				ON	SET AND	DEATH
Conditions, if ony gove rise to improve (o), stoting the lying couse lost.	, which) (b nediote ounder))											
	SIGNIFICANT CON	DITIONS	None		BUT NOT	RELATED TO THE T	ERMINAL DIS	EASE CO	NDITION GIV	'EN IN PA	RT 1(a)	PERF	AUTOPSY DRMED?
	CAUSE OF DEATH	20b. DESC	CRIBE HOV	/ INJURY OCC	URRED (E	nter noture of injur	y in Port I or	Part 11 of	item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy Yes	While	NJURY OCC	while_	e. PLACE factory,	OF INJURY (Home, street, office bldg.	form, 20f.	City or to	own)		(Caunty)		(State)
ACTUAL SIGNATURE	- /=-	-, 19_ Ell	lifter	and that de	eath ac	., 19, to curred at.4:4 .48 Bros	15AM, f	ram the S (Street,	e Causes of city or town.	and an stote)		ite stat	
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	Jan. 20	19 5 9		ME OF CEMETE					(City, town,		a	(Sto	te)
23. FUNERAL DIRECTOR'S			ADD		elile L		REC'D BY RE		24b. REGI		IGNATU	RE	************
1/2-1/2	11/2-10)	r I	Piedn	ont,	V.Va			59		wa S.	Kraus	4.	

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uneral director. TO FUNERAL DIFF OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld tetrached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 is the registrar prior to burial, cremation, ar remaval. and in any event within 72 harms offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 1SM 9/S5

	60	CERTIFIC	ATE OF DEAT	н ,	leg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (III RURAL ond give ne Cumber.	f outside carporate limits, write arest town) Land	8/12/54		autside carporate limits, write RUR	AL and give nearest town)
LACOLITICATION OF	Al (If not in hospital, give street Allegany Cour		d. STREET ADDRESS 72 We	est Main Stre	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First Mary	Middle Ellen	Trimble	4. DATE Month OF DEATH January	9, 1959
5. SEX Female	6. COLOR OR RACE 7. MARR WIDOWS		1/7/1866		UNDER 1 YEAR IF UNDER 24 HRS. Aanths Days Haurs Min.
10a. USUAL OCCUPATIO during most of work Housewi	ON (Give kind of wark dane 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	Pennsy		12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME	James Findla	7	14. MOTHER'S MAIDEN ROSEAL	nna Reed	
1S. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.		INFORMANT P.Q.BO	ox 599 Address unty Infirmar	Cumberland, Mo
PART I. DEAT 4222 Conditions, if or gave rise to in cause (o), stoting t lying cause lost.	nmediote (Chronis Chronis Corelera Secule	nyacardo l'arter Deterr	il dequera ios clerosi orration	INTERVAL BETWEEN ONSET AND DEATH
САТІС	IER SIGNIFICANT CONDITIONS C	ic hep	skritis	final disease condition given	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
	MEDICAL EXAMINER)	CRIBE HOW INJURY OCEURR	ED. (Enter nature af injury in	Part I ar Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	While	Not while at wark	LACE OF INJURY (Hame, form actory, street, office bldg., etc	m, 20f. (City ar town)	(County) (State)
actual SIGNATURE	19/59 , 19	and that death	49 Gr	P_M, fram the causes and ADDRESS (Street, city or town, sta eene St.	that I last saw the deceased an the date stated above DATE SIGNER
220. BURIAL, CREMATION REMOVAL (Specify)	Dr. James E	22c. NAME OF CEMETERY C St.George 1	DR CREMATORY	rland, Md. 22d. LOCATION (City, town, or or Mt. Savage,	county) (State) Md.
23. FUNERAL DIRECTOR'S Joseph R	S SIGNATURE ·	ADDRESS stburg, Md.		D BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE

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	2000 (COURT	18,54,8	ben in	
	ente May the Egy The	section gra		
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	rinavi samer		916	
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		THE SHAPE OF SHAPE		
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	ow-berland, Mc.	78070		

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E 1	O. CERTITIONIE OI	Reg. Dist. No.
1. 0	PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND 2. USUAL R O. STATE	RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MINERAL
ь	RURAL ond give nearest fown)	OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2		WILEY FORD ET ADDRESS O. IS RESIDENCE ON A FARM? YES 17 NO ID
3. N		Lost 4. DATE Month Day Year
5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B	BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
10a.	a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	IMPLACE (State or foreign cauntry) MARYLAND 12. CITIZEN OF WHAT COUNTY U.S.A.
13. 1	FATHER'S NAME 14. MOTHE	ER'S MAIDEN NAME
15	WELLINGTON LANDIS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT	MAHELIA HEDRICKS
(Yes	no. or unknown) (If yes, give wor or dotes of service) MEMORIAL	HOSPITAL CUMBERLAND, MD.
	18. CAUSE OF DEATH [Enter only one cause per line fer (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	s slags interval between onset and party
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause tost. (b) Nephrofit DUE TO (c) Malicia and	syndrome 12 y
FICATION		Custa 124 PERFORMED?
04	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	re af injury in Port 1 or Part II of item 18.}
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour o. m. p. m. 19 While Not white of work	RY (Home, form, 20f. (City or lawn) (County) (Stote bldg., etc.)
	21. I certify that I attended the deceased from	to 19 , that I last saw the decea at 6:45 M, from the causes and an the date stated abo
	ACTUAL SIGNATURE DUCKSULAW M.D	SAPPRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ATE SIGN ATE SIG
'	PHYSICIAN'S S G WEISMAN C	semberand Wid
	REMOVAL (Specific 1/12/59. Fact ashery OF CEMETERY OF CREMATORY Fact ashery (2)	2n. Tar asby W. Va
23. F	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REG'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DATE LONG LON

within 24 hours after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL OR

15M 10/57

ET URDRATURATION OF THE BEAUTY OF THE PROPERTY HEASO ROSTADISTRIST 2.212.13 Live or gother community and self-self-self-THE RESERVE OF ALL

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0.0	CERTIFICATE	OF	DEATH
86	GERTHIOATE	•	PERMIT

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany										
	b. CITY OR TOWN (If outside carporat RURAL and give negrest town) FTOST DUTE	e limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	tburg			arest tawn)		
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Miners Hospital									
	3. NAME OF DECEASED (Type or print) PAT:	First IENCE	MARGARET	WENCK	4. DATE OF DEATH	Janua	7.0	y Yeor 19 59		
	5. SEX 6. COLOR OR R	TACE 7. MARR	DIVORCED	12-6-1900	9 .	AGE (In years lost birthday)	Months Days	1F UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11c. CITIZEN OF Maryland 11c. CITIZEN OF Maryland 11c. CITIZEN OF Maryland										
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME					
	George Arno	1.6		Lilv Atk	rinson					
1	15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	11110011	Addr	ess			
	[Yes, no, or unknown] If yes, give wor or da		none	Frank Wenck	r, Fros	tburg	, Rt. 2	, Md.		
	70001	BY. Ch	ne for (a) (b), and (c).]	carlent	0 -	0	INTI	ERVAL BETWEEN SET AND DEATH		
	lying couse last.	(b) CC JE TO (c)	Venosoles	olic Caro	elovo	De	2000	Years		
	PART II. OTHER SIGNIFICANT 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONT	CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO		
		ATL	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	Port 1 or Port 11 o	of item 18.)		10		
	20c. TIME OF INJURY Manth, Day. Haur a. m. p. m.	While	NJURY OCCURRED 20e. P Not while for all work [LACE OF INJURY (Hame, form, actory, street, affice bldg., etc.	, 20f. (City or	tawn)	(County)	(State)		
	21. I certify that I attended alive on ACTUAL SIGNATURE	the decease	29, and that death	h accurred at/0.40		ne causes a , city or town, :	nd an the da	te stated abave. DATE SIGNED		
	TOTAL (TYPE)	nn B. I	Davis, M. D.	Fros	thurg,	Md.				
1	220. BURIAL, CREMATION, 22b. DATE THE BUTIAL 1-7-	iereof 59	F bg. Memor	or CREMATORY	22d. LOCATION	ostbur		(State)		
	23. FUNERAL DIRECTOR'S SIGNATURE J. R. Durst,	Fro	ADDRESS stburg, Md.		BY REGISTRAR	24b. REGIS	TRAR'S SIGNATUR			

eral directar, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRE. R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be ached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registror priar to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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CERTIFICATE OF BEATH

		JU CERTIFIC	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary		ion: Residence before admission) Allegany
b. CITY OR TOWN RURAL and give	(If outside corporate limits, winespest town). 12Coning	rite c. LENGTH OF STAY IN 16		utside corporote limits, write R	RURAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	Watercliff	street address) e Street	d. STREET ADDRESS Wate	rcliffe Str	e. is residence on a farm? yes \(\) no \(\)
3. NAME OF DECEASED (Type or print)	Althea	Middle	Wilson	4. DATE Mor OF DEATH Janu	
5. SEX Female	Talle of the co	MARRIED NEVER MARRIED A	8. DATE OF BIRTH July 31,188	9. AGE (In years lost highday) 2 yrs.	Months Days Hours Min.
during most of we House	ION (Give kind of work dane rking life even if retired)	Own Home	Lonaconi		d. 12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	John Wilso	on	14. MOTHER'S MAIDEN N	Margaret .	Park
Yes. no. or unknown	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service		William Wil		erland, Md.
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	perfine for (o), (b), and (c).]	Occluse	on	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if		arteriosa	lessin		years
gave rise to couse (a), stating lying cause last	the under- DUE TO	Congestin	e Heart 1	arlure	years
PART II. OT	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMIN	LAL DISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 1 G CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in P	ort I or Part II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	10 V	20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify to alive an	hat I attended the decan . 3 ,	60 0			Ithat I last saw the decease and an the date stated above state) DATE SIGNED JAN. 9.19
PHYSICIAN'S NAME (Type)	ESLIE R.	MILES JR. 1	U.D. LONA	CONTING	140,
220. BURIAL, CREMATIC	1/10/59	Oak Hill	or crematory Cemetery	22d. LOCATION (City, town, Lonaconin,	
23. FUNERAL DIRECTOR George	r's signature Eichhorn	ADDRESS Lonaconing.			STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRE
R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be ached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, cremation, or removal, and in any event within 72 botts-after death.

eral directar, be filed with

VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00098

				Reg, Dist. No.
. PLACE OF DEATH COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Md		on: Residence before odmission) Allegany
b. CITY OR TOWN (If outside corporate limits, write Barton	c. LENGTH OF STAY IN 16 21 Yrs	c. CITY OR TOWN (If oulsi	de corporate limits, write RI	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (I	f not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO K
NAME OF DECEASED (Type or print) Richard Firs		lson 4.0	ATE Month	Doy Year 16 1959
Male 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED B. WIDOWED DIVORCED N	DATE OF BIRTH	South Advantual to A	FUNDER TYEAR IF UNDER 24 HR
to. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	Steel Mill	Lnaconing,		12. CITIZEN OF WHAT COUNTR
James P. Wilson		14. MOTHER'S MAIDEN NAME Pearl Bray		
5. WAS DECEASED EVER IN U. S. ARMED FOR Yes, no. or yoknown) (If yes, give wor or dotes of a	movice)	FORMANT James P. Wil	Address son, Barton,	Md.
Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost. DUE TO DUE TO	Fractive L	H Booipu	5/10/1	' sudder
PART II, OTHER SIGNIFICANT CONG	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN	N IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED: 1E	nter nature of injury in Part I or	Port II of item 18.)	& Rocks in Cr
20c. TIME OF INJURY Month, Doy, Yeo	9 While Not while of Pub	ry, street, office bldg., etc.)	Ball 16-1	(County) (State)
21. I certify that I took charge apinian death resulted fram:		~], Inspection 🗖, icide 🔲, Undetern	Inquiry A and in m
ACTUAL SIGNATURE 100711	cfare_	_M.D. CHIEF MEDICAL EXAMIN	CL/1	DATE SIGNED
EXAMINER'S NAME (Type) O. BURIAL CREMATION, 122b. DATE THEREO	LANE ME	DEPUTY MEDICAL EXAM		
Buria specify Jan. 19.19	Philos Cemet	ery	location (City, town, or Vesternport	county) (State) Md.
3. FUNERAL DIRECTOR'S SIGNATURE	Westernport, Md	240. REC'D BY		AR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for It files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

AND STREET AND ADDRESS OF THE PARTY OF THE P Manager of the Control of the Contro . at ambroaste, an amplifying their related to the first the TOTAL CO. THE STATE OF THE STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

62 CERTIFICATE OF DEATH

00097

		reg. Dist. 140.
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Š	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	
4	d. NAME OF HOSPITAL (If not in hospital, give, street address)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION 214 Wallace St.	216 Walface ST C. IS RESIDENCE ON A FARM? YES NO B
	3. NAME OF DECEASED (Type or print) WILLS M NELS ON	Lost 4. DATE Month Day Year OF DEATH Jan. 22 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male Colored WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years loss birthday) May 15. 1899 9. AGE (In years loss birthday) Months Days Haurs Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
H	during most of working life, even if retired) 13 cil Hop Hotel	New York, N.Y. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Henry Wood	Mae Stewart
1	IYes no be unknown) . Iff was nive were autilities of service)	NFORMANT Address
1	KES W.W.L.	vs WM n. Wood Cumberland, Ind.
	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. (b) DUE TO (c)	Hombons Interval Between onset and Death of mente
1		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CAI	YES NO
3	200. ACCIDENT WAS UNDERLYING (CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 1B.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 White Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
1	21. I certify that I attended the deceased fram left alive an 19 1, and that death signature PHYSICIAN'S NAME (Type)	n accurred at 4' MA My from the causes and an the date stated abave. ADDRESS (Sirect Fitz Flown, stote) M.D. 4 3 Sullneft (mbl) MA 1-23-1
5	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O Wood law	
	23. FUNERAL DIRECTOR'S SIGNATUREA ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Louis Stein, Inc. Cumb.	Med. DATE JAN 29 '59 Cirilway & Kraus

moy be retained by the haspitol or attending physician.

O FUNERAL DIR.

R: After this certificate has been signed by the ottending physician and completely filled in by 12 herol director, page 3 should be cetached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, or removal, and in any event within 72 hours after death. death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after moy be retained by TO FUNERAL DIRI page 3 should be VS A15 (4) 15M 9/55

VS A15 (4) 15M 10/57

	. After this certificate has been signed by the attending physician and campletely filled in by the eral director.	ched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	(
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00098

63 **CERTIFICATE OF DEATH** Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY ALEEGA	NY		MARYLAND	2. USUAL RESI		ere deceased live	d. If institution b. COUNTY		GANY	ission)
	b. CITY OR TOWN (If outside RURAL and give negrest for CUMBERLAND	corporate limits, we wn)	rile c. LENGTH OF		0.	TOWN (IF O	utside corparate l	imits, write RL	JRAL ond gi	ve nearest to	wn)
	d. NAME OF HOSPITAL UF OF OR INSTITUTION MEMORIAL &	OR LAL HOST WARWICK	PTTAL AVES		d. STREET A	DDRESS	STREET			ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	First ALI		iddle ela	YEAGE		4. DATE OF DEATH	JANUAF		Doy 6	Year 159
5.		22 2 2 400 000	MARRIED NEVER N	AARRIED	B. DATE OF BIRT FEBRUAR	/	1904 5	GE (In years birthday) yrs.	- T	YEAR IF UN Days Hour	DER 24 HRS.
10	a. USUAL OCCUPATION (Give during most of working life, Sales Lady	kind of work done even if retired)	Womens ap				or foreign country), MARYL			S.A.	AT COUNTRY
13	father's NAME JOHN Ega	nN			14. MOTHER'S	MAIDEN N					
	. WAS DECEASED EVER IN U.		16. SOCIAL SECURIT 213-22-39		NFORMANT		PITAL, CI	Addr		ID.	
CERTIFICATION	Conditions, if ony, whi gove rise to immedia couse (o), stating the undallying couse lost. PART II. OTHER SIGN	DUE TO ch (b) (b) (c) (c) AIFICANT CONDITION	Explora Existing to Contributing to						Alolus EN IN PART	PERI	1.18 1.58
MEDICAL CERTIF		th. Doy, Year 2	Od. INJURY OCCURRED While Not while twork of work	D 20e. PL/		Home, form,	20f. (City or to		(Co	runty)	(Stote)
	21. I certify, that I all olive on	F. WILL	Villi	that death	K.D. G	um	M, from the ADDRESS (Street, Contre	e causes of	nd an the	e date sto	e deceased ted obove. DATE SIGNED
22	o. BURIAL, CREMATION, 22b. REMOVAL (Specify) LUTIAL 1	DATE THEREOF	22c. NAME OF St. Pa				22d. LOCATION		"	(St	ote)
23	FUNERAL DIRECTOR'S SIGNA H. Wayne Geor		ADDRESS erland, Md.				BY REGISTRAR	24b. REGIS	TRAR'S SIGN		

LITARIOGO STABBITED TO make the engineer of many of the last the following the section of the last THE LEADING STATE OF THE PARTY OF THE PARTY

15M 10/57

1. PLACE OF DEATH

b. CITY OR TOWN (RURAL and give no Cumberlan d. NAME OF HOSPI OR INSTITUTION Sacred H

Female

House

100. USUAL OCCUPATIO during most of wor

a. COUNTY

NAME OF DECEASED (Type or print)

5. SEX

	64	CERTIFICA	ATE OF DEAT	TH		Reg. D	ist. No	009	99	
egany		MARYLAND	2. USUAL RESIDENCE (* o. STATE Maryland		tived. If institution ALIES		nce befa	re admiss	ion)	
f autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (give nec	rest lawr	1)	
egrest fown)		17 days	X Little Orleans							
At (If not in hospital, g		address)	d. STREET ADDRESS			119		e. IS RES	FARM?	
Fir	st	Middle	Last	4. DATE	Mon	th	Do	У	Yeor	
Bes	ssie	Mae	Yonker	OF DEATH	1		17	7	19 59	
6. COLOR OR RACE	7. MARR	IED MEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		R I YEAR	IF UND	R 24 HRS.	
White	WIDOWE	D DIVORCED	5/1/91		lost birthday)	Months	Days	Hours	Min.	
ON (Give kind of work of	one 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY	
vife		Housewife	Pa.			U	.S. A			
			14. MOTHER'S MAIDEN	NAME						
ard Carnea			Elmaria	a Smith						
R IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II		NFORMANT		Adde	ess		17			
in you give not on cook or i		None	Patient's	Thort.						

13. FATHER'S NAME Leon IS. WAS DECEASED EVE B. CAUSE OF DEA PART I. DEA DUE TO Conditions, if any, which Coronary Arterioscherosis gove rise to immediate DUE TO cause (a), stating the under-Myocardial Fibrosis lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Uremia YES NO STO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work

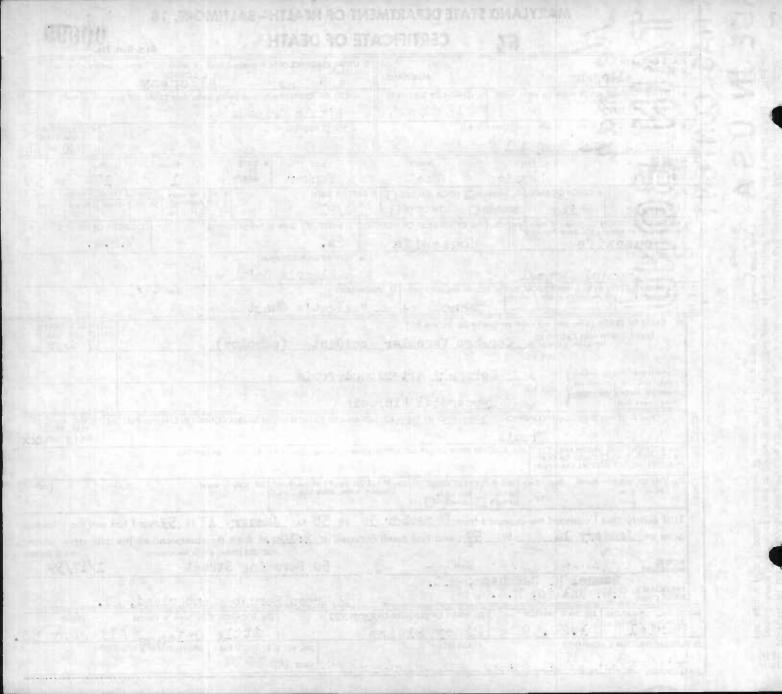
21. I certify that I attended the deceased from December 30, 19 58, to January 17 19 59 that I last saw the deceased alive an January 16 59, and that death accurred at 2:10a.M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATUR 50 Pershing Street M. Jacohson, M.D. R.W. Ballin, M.D.

62 Green Street Cumberland, Md. 22b. DATE THEREOF 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREWATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)
Burial

1.20.59 Little Orleans Alle
240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

arthur S. Haus



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

TO FUNERAL DIRY
page 3 should by

VS A1S (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 65

CERTIFICATE OF DEATH

00100

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY ALL	EGANY	MARYLAI	a. STATE	RYLAND	sed lived. If institu b. COUNT	Υ	before admission	n)
b. CITY OR TOWN (If a RURAL and give near CUMBERL		c. LENGTH OF STAY IN		TOWN (If autside car CUMBERLAND		RURAL and giv	re nearest town)	
	EMORTAL HOSPIT		d. STREET		CK STREET		e. IS RESID ON A F	ABM?
MEMORIAL &	WARWICK AVES	Middle					YES 🔲	
DECEASED (Type or print)	RAYMON		ZIMER	A. DATE OF DEAT		NUARY	Pay Ye	59
5. SEX MALE	WHITE WIDOW			1893	9. AGE (In years last birthday)	Manths D	YEAR IF UNDER	
10a. USUAL OCCUPATION Oduring most of working Petersel disti- 13. FATHER'S NAME	Beery ligues	KIND OF BUSINESS OR I	Cu	MACE (State or foreign		12. CITIZ	EN OF WHAT C	OUNTRY?
WIL	LIAM ZIMERLA		of a	ula)	reber			
15. WAS DECEASED EVER I	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17-30-1768	7. INFORMANT MEMOR	IAL HOSPIT	AL. CUMBE	dress RLAND.	MARYLAN	ND
PART 1. DEATH 570.5 Canditions, if any.		le for (a), (b), and (c).]	al Ot	bslow	len		INTERVAL BETV ONSET AND D	
gave rise to imm cause (a), stating the lying cause last.		Characle Control of the Control of t	PUT NOT BELAYED T	ratery	2017	25		ITORCY
PART II. OTHER PART II. OTHER OR CONTRIBUTING D (IF EITHER, NOTIFY MI	John Carl Conditions)	BOI NOI KELATED II	O THE TERMINAL DISE.	ASE CONDITION G	IVEN IN PAKI	(a) 19. WAS AU PERFORM YES 1	MED?
OR CONTRIBUTING C	CAUSE OF DEATH	CRIBE HOW INJURY OCC	JRRED. (Enter nature	af injury in Part 1 ar P	art 11 of item 18.)			
Y 20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Year 20d. It While of world	Not while	PLACE OF INJURY factory, street, affice	(Hame, farm, 20f. (C ce bldg., etc.)	ity or tawn)	(Co	unty)	(State)
21. I certify that olive on	I ottended the decease 3 , 19 5		ath occurred of	2:12P.M. fr. ADDRESS 2 f		and on the		
PHYSICIAN'S NAME (Type)	GEORGE M. SI	MONS	<u> </u>	solul.	evyl)	2		7
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	122c. NAME OF CEMETER	Sure of A	Park Cu	ATION (City, town	or county	(State)	
23. FUNERAL DIRECTOR'S S	Steen In	ADDRESS	m 2.	240. REC'D BY REG		SISTRAR'S SIGN	IATURE	

, 2 , the first of the second of t